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Acronyms and abbreviations

CERF	Central Emergency Response Fund
CPHL	Central Public Health Laboratory
DHIS2	District Health Information Software 2
ECHO	European Civil Protection and Humanitarian Aid Operations
ERP	Emergency Response Plan
ESCWA	Economic and Social Commission for Western Asia
EWARS	Early Warning, Alert and Response System
GDP	Gross domestic product
GIS	Geographic information system
GPW 13	WHO Thirteenth General Programme of Work
IBBS	Integrated Biological and Behavioural Survey
ICG	International Coordinating Group
ICU	Intensive care unit
IPC	Infection prevention and control
LCRP	Lebanon Crisis Response Plan
LMS	Logistics and Management System
NGO	Nongovernmental organization
NHSWG	National Health Sector Working Group
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OCV	Oral cholera vaccine
PCR	Polymerase chain reaction
PHCCN	Primary Health Care Centres Network
PHEOC	Public Health Emergency Operation Centre
PIVI	Partnership for Influenza Vaccine Introduction
PPE	Personal protective equipment
PSEAH	Prevention of sexual exploitation, sexual abuse, and sexual harassment
RING	Recognize, identify, notify, and give support
SDGs	Sustainable Development Goals
SP	Strategic priority/pillar
SRHR	Sexual and reproductive health and rights
STEPS	STEPwise approach to surveillance
SWOT	Strengths, weaknesses, opportunities and threats
TFA	Trans fatty acids
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization
YMCA	Young Men’s Christian Association

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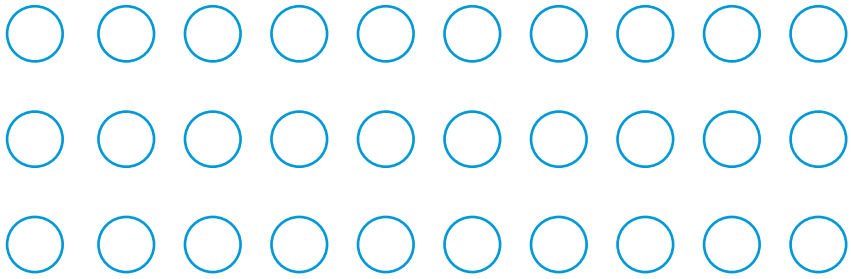
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1

Changing numbers in Lebanon as at 2022





1. Changing numbers in Lebanon as at 2022

The present section provides a backdrop to the work performed and initiatives advocated for by the World Health Organization (WHO) in 2022. It includes general country demographics and data on socioeconomic issues, service delivery and utilization, population health, and outbreaks. The figures in the following tables provide a summary of available indicators and values, changes observed over time, and other related notes.

Table 1. Demographic and socioeconomic issues

Population[a]	5 621 000 in 2022 (value computed by the ministry of public health)	Revised from 5 662 923 in 2020[b]
Syrian refugees **Other refugees** **Migrants**	1.5 million[c] >200 000 >200 000[d]	Largest number of refugees per capita and per km^2 worldwide
Country income ranking	Lower-middle-income country	Reclassified from upper middle-income status to a lower-middle income country in July 2022[e]
Gross domestic product (GDP)	US$ 23.23 billion in 2021[f]	Declined from US$ 54.9 billion in 2018
Real GDP	Contracted by a further 5.4% in 2022[g]	Declined by 10.5% in 2021, on the back of a 21.4% contraction in 2020 subject to extraordinarily high uncertainty[h]
Multidimensional poverty (percentage of population living in multidimensional poverty)	82% in September 2021	Doubled from 42% in 2019[i]
People in food security crisis and above (phase 3) level	1.98 million (37%) in 2022[j]	
Persons in need of health assistance	1.95 million by December 2022[k]	Increase from 1.36 million in August 2021

[a] The last official population census was performed in 1932; [b] World Bank, Population total – Lebanon 1960–2021 (accessed on 4 May 2023); [c] Government of Lebanon and the United Nations, Lebanon Crisis Response Plan 2023, 2023; [d] United Nations High Commissioner for Refugees (UNHCR), Lebanon at a glance (accessed 19 May 2023); [e] World Bank, The World Bank in Lebanon, 2022 (accessed 17 March 2023); [f] World Bank, Lebanon; [g] World Bank, Lebanon Economic Monitor, Fall 2022: Time for an Equitable Banking Resolution, 2022; [h] World Bank, Lebanon's Economic Update – April 2022, 2022; [i] Economic and Social Commission for Western Asia (ESCWA), Multidimensional poverty in Lebanon: painful reality and uncertain prospects, 2021; [j] World Food Programme and others, IPC Integrated Food Security Phase Classification, 2022; [k] Office for the Coordination of Humanitarian Affairs (OCHA), Revised emergency response plan: Lebanon August 2021–December 2022, 2022.



Primary health care centre in Taanayel, Beqaa
Photo credit: WHO/Gonzalo Bell

Table 2. Mortality

Number of registered deaths [a]	21 937 in 2022 (80% of total death)	27 857 in 2021
Maternal deaths [b]	18 per 100 000 live births in 2022	47 per 100 000 live births in 2021, mainly owing to COVID-19 Delta variant complications
Infant mortality rate [c]	7 per 1000 live births in 2021	Same as 2019
Under-5 mortality rate [d]	9 per 1000 live births in 2021	Same as 2019
Excess mortality[e]	34.4% in 2021 attributed to COVID-19 3.4% to non-COVID-19 in 2021	Not applicable

[a] Ministry of Public Health, Civil registration and vital statistics, 2023; [b] Ministry of Public Health, Minister Abiad released the annual reports of maternal deaths, 2023; [c] World Bank, Mortality rate, infant (per 1000 live births) – Lebanon; [d] World Bank, Mortality rate, under-5, male (per 1,000 live births) – Lebanon; [e] Ministry of Public Health, Civil registration and vital statistics, 2023.

Note: This data is only hospital based and doesn't account for the community births and deaths.

Table 3. Noncommunicable diseases

Cause of death (percentage of total deaths)	63% in 2021[a]	
Mortality from cardiovascular disease, cancer or diabetes	35% in 2021[b]	19.9% in 2019[c]
Lebanese households reporting having at least one member with a chronic illness (heart disease, hypertension, blood disease, cancer, lung disease, diabetes, renal diseases)	65.9% in April 2022[d]	66%[e]
Patients who received chronic disease medication supported by WHO through the Ministry of Public Health's Primary Health Care Centres Network-Young Men's Christian Association programme[f]	207 135 in 2022	127 734 in 2021
Cancer patients receiving Ministry of Public Health subsidized medications [f]	4000	4000
Paediatric cancer cases supported by the Ministry of Public Health per year [f]	2000	2000
Suicide deaths	145 in 2021[f]	171 in 2019[g]

[a] As shared by the hospital mortality system of the Ministry of Public Health; [b] As shared by the hospital mortality system of the Ministry of Public Health; [c] World Bank, Mortality from CVD, cancer, diabetes or CRD between exact ages 30 and 70 (%) – Lebanon; [d] Reliefweb, Multi-sector needs assessment (MSNA) key findings – health, 2022; [e] AMAN system of the Ministry of Public Health; [f] Embrace; [g] Ministry of Public Health and others, Preventing suicide in Lebanon, 2020.

Table 4. Communicable diseases

Routine immunization – children	Dropped more than 30% in 2021[a]	More than 90% coverage of polio, measles and pentavalent in 2019[b]
HIV/AIDS new cases [c]	181 in 2022	Increased from 160 in 2021
Number of beneficiaries receiving antiretroviral medication through the National AIDS Control Programme [c]	2109 until end 2022	1952 until end 2021
Tuberculosis notified new cases **Lebanese/non-Lebanese**	514 total in 2022[d] 263/247	470 total in 2021[e] 234/236

[a] UNICEF, A worsening health crisis for children, 2022; [b] Ministry of Public Health, Statistics 2019, 2020; [c] Ministry of Public Health, National AIDS Control Programme in Lebanon (accessed June 2023); [d] Ministry of Public Health, Lebanon national tuberculosis report, 2022; [e] Ministry of Public Health, National Tuberculosis Programme: annual report, 2021.

Table 5. Acute cases

Number of patients who received acute disease medication	504 427 in 2022[a]	1 159 532[b] in 2021

[a] United Nations, End Year 2022 Sector Dashboard: Health, 2023; [b] United Nations, End Year 2021 Sector Dashboard Health, 2022.

Table 6. Health sector

Number of hospital admissions for Lebanese patients supported by the Ministry of Public Health, 2019–2022	117 502 in 2022[a]	157 485 in 2021
Syrian refugee hospitalizations covered by UNHCR[b]	70 756 in 2022	66 968 in 2021
Hospital beds that are operational in the sectors: private/public[a]	8000/900 beds in 2022	12 000/1200 beds in 2019
Number of consultations subsidized by the Primary Health Care Centres Network[c]	1 142 145 in 2022	714 481 in 2021
Subsidization on all medications lifted except for cancer and selected chronic diseases		By April 2022, 75% of Lebanese households reported the cost of medication as the main barrier to accessing medicationd
Number of functional early warning, alert and response system centres[e]	1208 in 2022	829 in 2021

[a] Ministry of Public Health, Number of hospital admissions for Lebanese patients supported by the Ministry, 2019–2022, 2023; [b] UNHCR, Number of persons receiving financial support for improved access to hospital care among Syrian refugees, 2019–2022, 2023; [c] Ministry of Public Health, Number of primary health care centre beneficiaries for basic services (consultations provided by a general practitioner, family physician, paediatrician, gynaecologist/midwife, endocrinologist, cardiologist, mental health and dentist) within the Ministry network, 2019–2022, 2023; d REACH, Multi-sector needs assessment (MSNA) key findings – Health, April 2022, 2022; e United Nations, End Year 2021 Sector Dashboard Health, 2022; United Nations, End Year 2022 Sector Dashboard: Health, 2023.



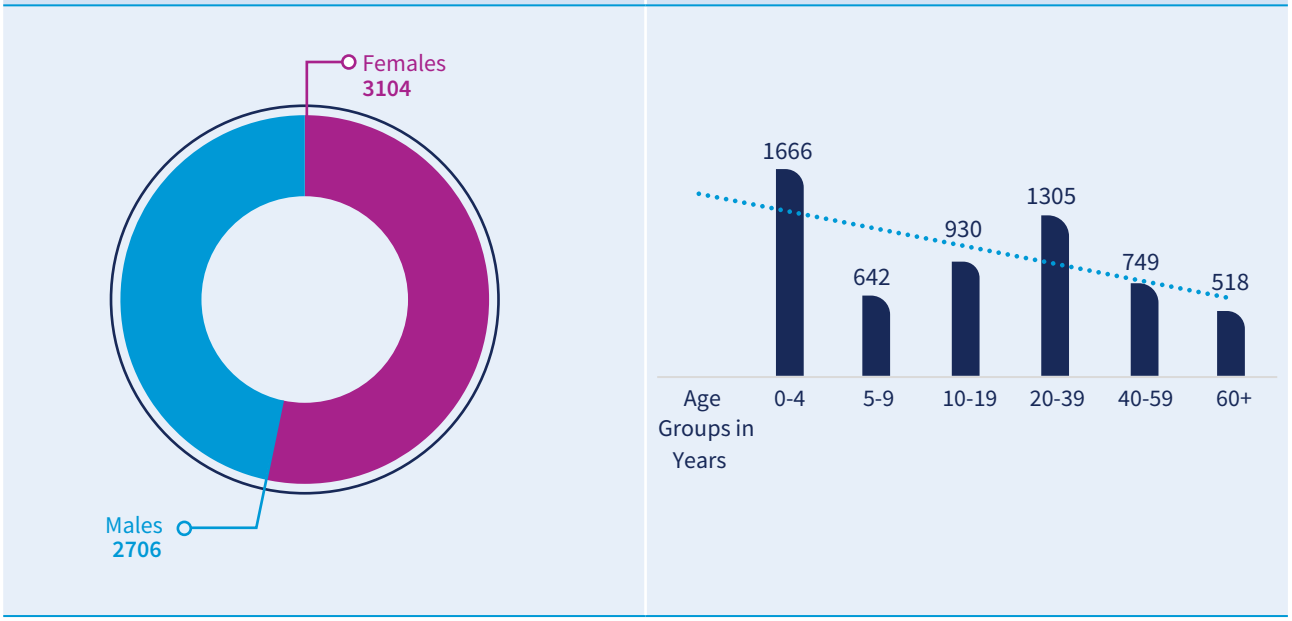
Primary health care centre in Beirut.
Photo Credit: WHO/Roni Ziadeh

Table 7. Lebanon cholera outbreak October–December 2022

Total suspected cases	5810
Confirmed cases	670
Deaths	23
Total individuals who received the cholera vaccine	1 151 800

Source: Ministry of Public Health, Cholera surveillance report, 31 December 2022.

Fig. 1. Confirmed cholera cases by gender, 2022 (A) and confirmed cholera cases by age group, 2022 (B)



Source: Hotspot Map 2022.

Table 8. Types and quantities of cholera kits distributed to various hospitals and medical centres by WHO

Types of cholera kits distributed	Shipment 1 quantity	Number of hospitals and medical centres	Shipment 2 quantity	Number of hospitals and medical centres
Central reference kit, module, drugs (1.1)	20	13[1]	5	5
Central kit, module, renewable supplies (1.2)	5	4[1]	5	4
Periphery, module, drugs (2.1)	3	3[2]	5	3[3]
Periphery, module, renewable supplies (2.2)	5	3	5	3[3]
Laboratory (rapid diagnostic test) kit		17		

Not distributed kits are at the Rafik Hariri University Hospital Warehouse and the Lebanese University Campus Warehouse – Hadath.

Notes: 1. Some hospitals received more than one kit; 2. Three prison medical centres; 3. Some kits provided to field medical clinics.

Table 9. Surveillance supplies distributed to the ESU department and various hospitals

Cary Blair test/kit for cholera culture procured by 10 November 2022.	2000
Rapid diagnostic tests were distributed by 28 November 2022.	15 000

Source: WHO data.

Table 10. Number of COVID-19 confirmed cases and deaths in 2022 and cumulative from the start of the pandemic

Confirmed deaths and cases	2022	Cumulative number by 31 December 2022
Confirmed cases	491 520	1 222 808
Confirmed deaths	1611	10 747

Source: Ministry of Public Health, COVID-19 surveillance in Lebanon, 1 January 2022; Ministry of Public Health, COVID-19 surveillance in Lebanon, 31 December 2022.

Table 11. Cumulative number of COVID-19 vaccine doses administered by 31 December 2022

Vaccine doses administered	December 21, 2022
Total vaccine doses administered	5 814 699
Persons vaccinated with at least one dose	2 740 227
Persons fully vaccinated	2 414 223

Source: WHO, Lebanon.



Water testing during cholera

2

Country context 2022



2. Country context 2022

The Lebanese country profile has changed drastically in the last few years. Lebanon is hosting the largest number of refugees per capita and per square kilometre globally,[1] even though the country is experiencing one of the worst socioeconomic-political crises worldwide since the 1850s.[2] Lebanon continued to respond to the COVID-19 pandemic and its repercussions, while still struggling to rebuild after the Beirut Port explosion on 4 August 2020. In addition, as Lebanon has an import-dependent economy, it is working on handling the global effects of the war in Ukraine on fuel and wheat prices and on global inflation, which is impacting imported goods and thus further undermining individual and institutional purchasing power.

In July 2022, the World Bank downgraded the economic classification of Lebanon from an upper-middle-income to a lower-middle-income country.

By the end of December 2022, there were 1.98 million people (37% of the population) experiencing a food security crisis and above (phase 3), as ranked by the World Food Programme (WFP),[3] thus placing Lebanon second before last globally in that ranking. Persons in need of health assistance increased from 2 400 000 in 2019[4] to 3 036 200 in 2022.[5]

According to UNHCR, there are 1.5 million Syrian refugees[6] in addition to other refugees and migrants residing in Lebanon. In June 2021, 49% of Syrian refugee families were food insecure.[7] Moreover, of the total population served by the Primary Health Care Centres Network (PHCCN), 47% of them were Syrian refugees.[8] Owing to decreasing employment opportunities in Lebanon, 63% of Palestinian refugees were unable to meet basic needs without additional assistance. Access to specialized services is incredibly limited for migrant women and girls, who make up most of the population, due to their legal status in the country, among other factors.[9]

An increasing number of young Lebanese have been pressured to emigrate. Between 2018 and 2021, over 195 433 young people emigrated from Lebanon[10] in search of better economic opportunities abroad, leaving older persons behind and changing the societal matrix. A high number of refugees in Lebanon are sharing available local resources with the Lebanese population: 1 022 297 Lebanese versus 744 372 Syrians were supported within the Lebanon Crisis Response Plan (LCRP) and the Emergency Response Plan (ERP) frameworks.

The Sustainable Development Report 2022 for Lebanon notes that Sustainable Development Goal (SDG) 3 on good health and well-being, SDG 5 on gender equality, and SDG 8 on decent work and economic growth are stagnating or increasing at less than 50% of the required rate.[11]

Population indicators have shown some deterioration in recent years, with the expected life expectancy of individuals decreasing to 75 years in 2021 after reaching 80 years in the period 2016–2018.[12] Other health indicators are also showing deteriorations, such as maternal and child mortality, and immunization coverage. The prevalence of chronic diseases has increased, including mental health issues, cancer, cardiovascular diseases, diabetes, thus intensifying demand for services.

In 2022, access to basic and life-saving health care services decreased due to costs and limited availability of services and medication. According to UNICEF, between April and October 2021, 34% of (vulnerable) children could not access health care services when needed.[13]

The risk of disease outbreaks has increased in Lebanon over the past two years, with low vaccination coverage, limited capacity for routine surveillance, increased risk of cross-border

1 UNHCR, Lebanon at a glance.
2 World Bank Group, Lebanon Economic Monitor: Lebanon sinking (to the top 3), Spring 2021; World Bank, Lebanon's crisis: great denial in the deliberate depression, 2022.
3 IPC, Integrated Food Security Phase Classification.
4 Inter-Agency Coordination, Lebanon: health end year 2019 dashboard.
5 United Nations, End Year 2022 Sector Dashboard: Health, 2023.
6 UNHCR, Lebanon at a glance (accessed 19 May 2023).
7 UNHCR, UN: Syrian refugees in Lebanon struggle to survive amid worst socioeconomic crisis in decades, 2021.
8 F. Jardali and others, Lebanon: a primary health care case study in the context of the COVID-19 pandemic, 2022; O. Kdouh and others, Working short and working long: can primary healthcare be protected as a public good in Lebanon today?, 2021.
9 OCHA, Revised Emergency Response Plan Lebanon: August 2021–December 2022, June 2022.
10 Miguel Mendelek, The Lebanese trend of emigration: a new peak since 2019?, 2022.
11 Sustainable Development Report: Lebanon.
12 World Bank, Life expectancy at birth, total (years) – Lebanon (accessed 23 June 2023).
13 UNICEF, A worsening health crisis for children, 2022.

transmission, growing malnutrition and food insecurity, and heavily contaminated water sources and poor sanitation.

A total of 1.2 million confirmed cases and 10 723 associated deaths were noted from the start of the COVID-19 pandemic in Lebanon in early 2020 to 31 December 2022.[14] The WHO Country Office led the United Nations COVID-19 response in Lebanon, and provided direct support to the Ministry of Public Health and other government institutions, national response structures, and task forces to reinforce the national pandemic response. WHO support focused on case management, laboratory diagnostics and surveillance, as well as risk communication and community engagement. Subsequently, 45% of public hospitals doubled their bed capacity through direct support to nursing, intensive care units (ICU), and laboratory equipment. This has resulted in the hospital system being able to accommodate an increase in demand caused by the pandemic, although hospitals were working at reduced capacity.[15]

The health needs of the population and the overall health system in the country were affected by the ongoing multidimensional crisis. In 2022, LCRP noted that 38% of the population (1 500 000 Lebanese individuals) were in need. There has been a 41% increase in people seeking subsidized services at primary health care centres since 2018.[16] A 2021 ESCWA study concluded that the share of households deprived of health care had increased to 33%, and those unable to obtain medicines had increased to more than half.[17] ERP reported an increase in medication needs for noncommunicable disease among the Lebanese population, as a result of the current crises.

The loss of purchasing power owing to the devaluation of the currency and bank limitations on withdrawals decreased the capacity of individuals to buy health insurance coverage. Moreover, third-party payers and the Ministry of Public Health faced major obstacles in covering health costs, although there was a 50% increase in hospital admissions approved by the Ministry,[18] leaving the Lebanese with limited health coverage, if any. Regular check-ups, screening, and preventive activities also drastically decreased.

The same economic factors and increased costs have also escalated health sector difficulties, giving rise to a shortage of essential medications, such as chemotherapy and antibiotics. Prices of medications rose drastically as subsidization on all medications in Lebanon has been progressively lifted since November 2021, except for cancer and chronic medications. In addition, there was a critical reduction in the ability of hospitals to cover their expenses, especially anaesthesia, or secure needed supplies, including equipment and fuel, which cut hospital capacity by half. All these factors, coupled with the decreased availability of specialists because of brain drain, all worked towards diminishing the quality of medical care provided by hospitals.[19] The hospital liquidity situation was compounded by payment delays by Government and public third-party payers to hospitals, and by the ongoing devaluation of the currency affecting purchasing power. A drop in hospital



ICU health care workers

14 Ministry of Public Health, COVID-19 surveillance in Lebanon: 1 January 2022.
15 WHO, Country Cooperation Strategy for WHO and Lebanon, 2023.
16 Inter-Agency Coordination, End year 2022 sector dashboard: health, 2022.
17 ESCWA, Multidimensional poverty in Lebanon (2019–2021): painful reality and uncertain prospects, 2021; ESCWA, ESCWA warns: three-quarters of Lebanon's residents plunge into poverty, 2023.
18 REACH, Multi-sector needs assessment (MSNA): key findings - health, April 2022.
19 Elie Bou Sanayeh and Carolla El Chamieh, The fragile healthcare system in Lebanon: sounding the alarm about its possible collapse, 2023; G. Khattar and others, Cardiovascular drug shortages in Lebanon: a broken heart, 2022; C. Nasr and others, Burnout rates among Lebanese pre-final and final year medical students during the COVID-19 pandemic: a multi-centered survey-based study, 2022.

admissions resulted in the closure of some sections of hospitals, and a progressive decrease in critical services.

Almost 40% of skilled medical doctors and 30% of registered nurses[20] have left Lebanon since the beginning of the economic crisis,[21] as a result of an estimated 80% loss in physicians' income. In addition, a significant number of personnel, including human resources, medical, nursing, allied health, technology, engineering, and administrators from the Ministry of Public Health, primary health care centres, and public and private hospitals have emigrated.

Operational implementation of the joint work plan between WHO and the Ministry of Public Health has been impacted by a high turnover of public technical staff affecting public units' functionality. Furthermore, the ongoing strike of the public sector, whose commitment is integral to WHO activities, is delaying programme execution.



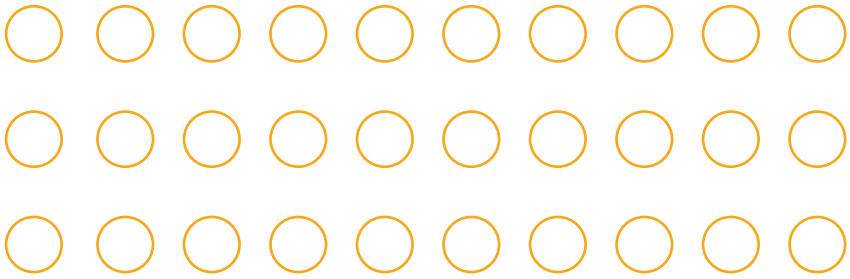
LMS system installed at the Qarantina dispensing centre for cancer and catastrophic medication distribution. Photot credit: WHO/Hala Habib

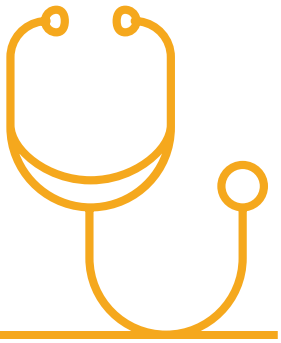
20 Joint statement by Dr Tedros Adhanom Ghebreyesus, WHO Director General, and Dr Ahmed Al Mandhari, Regional Director for the Eastern Mediterranean, on Lebanon, Beirut, 19 September 19, 2021.

21 A Survey of Provider Practice Profiles, commissioned by WHO Country Office Lebanon and implemented by Connecting Research to Development in 2022, preliminary results (forthcoming); H. Ismaeel and others, Saving the suffering Lebanese healthcare sector: immediate relief while planning reforms, 2020.

3

Country health focus and priorities





3. Country health focus and priorities

The WHO Country Office in Lebanon works in line with WHO global and regional initiatives and country needs.

The GPW 13 triple billion targets aim to ensure the following:

1. Strategic priority 1 (SP 1): 1 billion more people benefiting from universal health coverage.
2. Strategic priority 2 (SP 2): 1 billion more people better protected from health emergencies.
3. Strategic priority 3 (SP 3): 1 billion more people enjoying better health and well-being.

The Thirteenth General Programme of Work (GPW 13) defines the WHO strategy for the five years 2019–2023. It focuses on triple billion targets to achieve measurable impacts on people's health at the country level.

The WHO regional Vision 2023 aligns with the GPW 13 strategic priorities, namely expanding universal health coverage, addressing health emergencies, promoting healthier populations, and making transformative changes in WHO itself, which are all in accordance with achieving the SDGs. The WHO Regional Office for the Eastern Mediterranean works towards promoting public health by building public health capacity, enhancing preparedness, strengthening partnerships, effectively advocating for health, mobilizing resources, and fostering innovation. WHO Lebanon adapted the priorities of GPW 13 and Vision 2023 as guidance for WHO Country Office priorities.

The Country Cooperation Strategy for WHO and Lebanon situation update of 1 June 2022–20 December 2023 was based mainly on a humanitarian-development-peace nexus approach, bridging humanitarian interventions with development interventions to help optimize scarce resources, and lessen the current health crisis that is heavily impacted by the severe economic, political, and social crises in Lebanon. The Country Cooperation Strategy aims to achieve the following:

1. Support the health system to withstand the severity of shocks.
2. Initiate seed interventions for the recovery and further development phases.
3. Sustain the gains in population health of the past three decades, which have started declining.

Various individuals, groups, organizations and the public sector have worked towards promoting health and alleviating suffering due to unmet health needs, by securing capacities and resources, strengthening and innovating systems and processes, and ensuring that health policies and strategies are in tune with rapid changes in the Lebanese context.

The multifaceted and compounded crises facing Lebanon have led to the development of multiple response frameworks, supported by international and national partners across the country. This includes the LCRP, which seeks to address the impact of the Syrian crisis on Lebanon at the humanitarian and development levels, and provide support and protection to refugees and the host community; and the ERP that aims to address the humanitarian needs of the most vulnerable among Lebanese, refugees and migrants affected by the crisis in Lebanon.

The Reform, Recovery and Reconstruction Framework addresses the aftermath of the 2020 Beirut Port explosion, providing an immediate humanitarian response aimed at medium-term recovery and reconstruction efforts to put Lebanon on a path of sustainable development.

In 2022, the National Health Sector Working Group (NHSWG), in coordination with the LCRP, worked towards achieving the following outcomes:

1. Improving access to comprehensive primary health care.
2. Improving access to hospitals including emergency room care, and to advanced referral care including advanced diagnostic laboratory and radiology care.
3. Improving outbreak and infectious disease control.
4. Respecting the fundamental rights of women, men, young people and persons with disabilities, and ensure their access to basic services and information.

The following are the ERP objectives for the Lebanese health sector:[22]

1. Ensuring access to lifesaving and life-sustaining health services for the most vulnerable and in need in the context of worsening socioeconomic conditions.
2. Supporting health facilities to maintain operations in ongoing emergency contexts.
3. Responding to COVID-19 in Lebanon.
4. Providing enabling cross-cutting support to coordinated, safe, timely and quality health responses, with an emphasis on vulnerable communities.

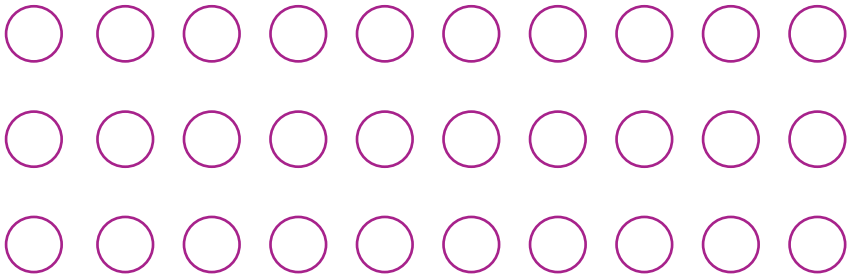
The Reform, Recovery and Reconstruction Framework focuses on the following:[23]

1. People-centred recovery, addressing the urgent needs of people affected by the Beirut Port explosion.
2. A national initiative to focus on priority reforms and pave the way for reconstruction.

22 OCHA, Revised Emergency Response Plan: Lebanon August 2021–December 2022, June 2022.
23 United Nations, Lebanon Reform, Recovery and Reconstruction Framework, 2020.

4

Country achievements by strategic area

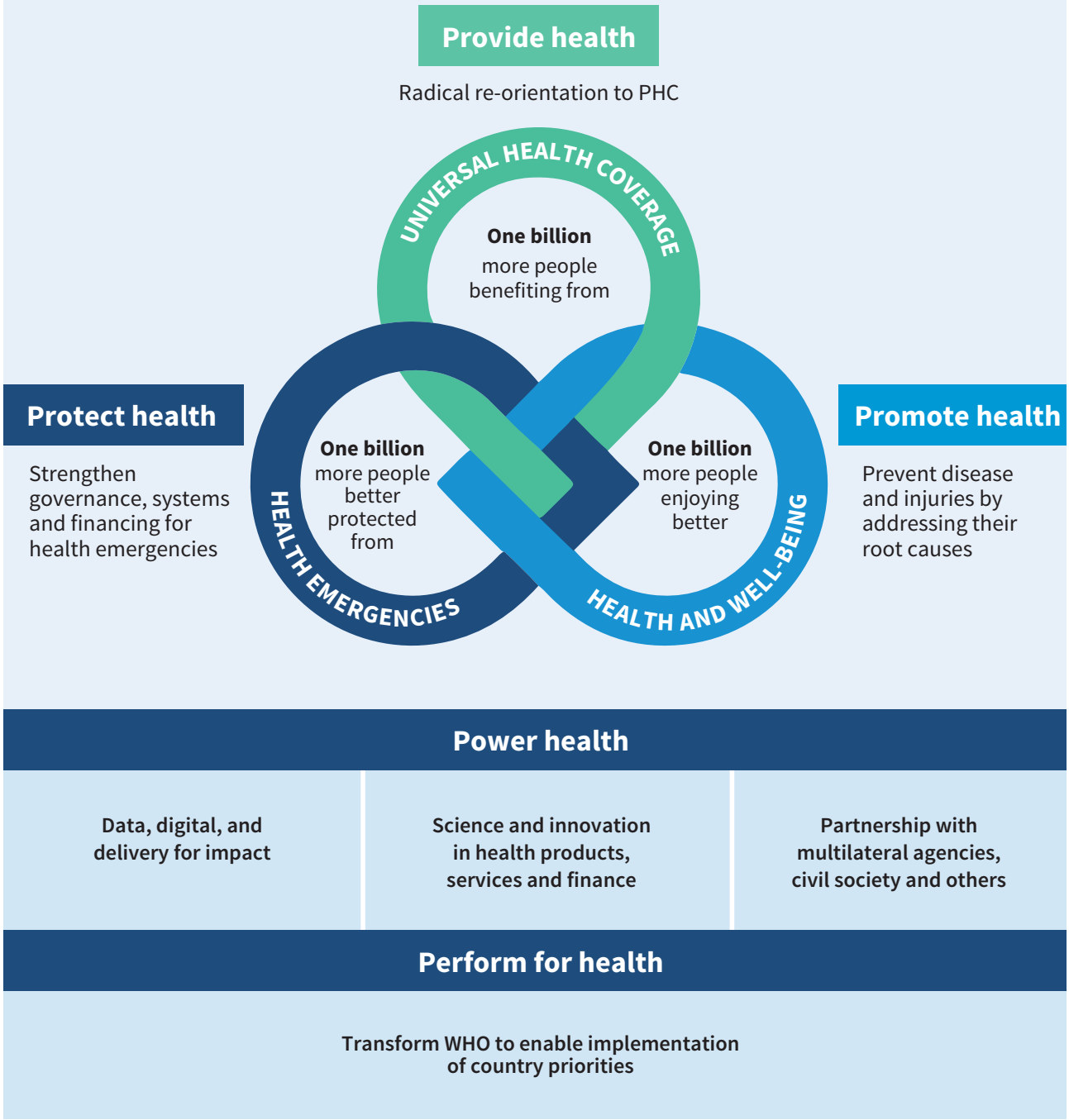




4. Country achievements by strategic area

The work of WHO in Lebanon for 2022 focused on four main strategies and 35 corresponding GPW 13 outputs aligned with the strategic objectives of Vision 2023. The prevailing rapid major socioeconomic and financial changes Lebanon is undergoing, the increasing need to build the resilience of the Lebanese health system and advance its development agenda, the urgency to fill health need gaps, the emergence of new health risk factors, and the adoption of the humanitarian-development-peace nexus approach were all considered when preparing 2022–2023 WHO activities. The achievement of the WHO Country Office in Lebanon are summarized in the following sections, in line with GPW 13 strategic priorities or pillars.

Fig. 2. WHO's five priorities are aligned with the triple billion targets and strategic functions



SP1. Expanding universal health coverage

Universal health coverage requires health services to be available and accessible to those in need when needed, and at an affordable price, so that no one is left behind in receiving health care. Universal health coverage is built around the following three main pillars: What services to deliver? Which population group is targeted/eligible? What is the source of financing?

Lebanon adopted the following four regional priorities for developing universal health coverage:

1. Building resilient health systems towards universal health coverage and health security.
2. Establishing primary health care-oriented models of care.
3. Strengthening health financing systems to enhance financial protection.
4. Improving access to medicines and vaccines.

According to WHO, universal health coverage means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course. As a foundation for and way to move towards universal health coverage, WHO recommends reorienting health systems using a primary health care approach. SDG progress on universal health coverage is tracked using the following two indicators:

- Coverage of essential health services (SDG indicator 3.8.1).
- Catastrophic health spending (and related indicators) (SDG indicator 3.8.2).[24]

Expanding universal health coverage in Lebanon requires short-term and long-term understanding of needs and requirements, taking into account the country context and global status. WHO had strengthened health sector actions and systems through a people-centred approach, promoting quality of care, and filling health gaps in terms of medication supplies and critical human resources. Support for both the public and private sectors was provided. WHO has worked very closely with health authorities and partners to advocate and support the implementation of the key components of universal health coverage to achieve health for all.

A. Developing health strategies, roadmaps and action plans

Despite many challenges facing Lebanon, the Ministry of Public Health, with the support of WHO, has made a commitment to address health system constraints and difficulties in accessing basic and life-saving health services among Lebanese and non-Lebanese. With the aim of supporting development and innovation in the health sector in Lebanon, WHO promoted, initiated, supported and worked on the development of various health thematic strategies, roadmaps and action plans in 2022, as follows.

Box 1. Strategies, roadmaps and action plans in 2022

1. The Ministry of Public Health Strategy – Vision 2030 was developed in 2022 and formalized in January 2023.
2. The National Pharmaceutical Sector Strategy 2022–2030 was prepared.
3. The five-year roadmap of the Epidemiological Surveillance Unit Strategy was designed under the Ministry of Public Health.
4. The National Immunization Strategy was initiated.
5. The National Mental Health Strategy 2015–2020 was reviewed.
6. The Lebanon National Strategic Plan to End Tuberculosis 2023–2030 was finalized.
7. The National Health and Environment Strategic Framework of Action 2021–2026 was formalized in April 2022.

Preparations for Vision 2030 advanced the strategic actions of the Ministry of Public Health and the health sector to address or overcome the ongoing complex socioeconomic and political crisis. The Vision focuses on equity in access and quality of people-centred essential health services, financial risk protection and efficient use of both public and private resources, and sustainability of the health system. Key priorities set for Vision 2030 in the next seven years include the following:

1. Strategic area 1: Expanding universal health coverage.
2. Strategic area 2: Healthier living.

24 WHO, Universal health coverage (UHC), 2023.

3. Strategic area 3: Emergency health preparedness response and recovery.
4. Strategic area 4: Health governance for the public interest.
5. Strategic area 5: Digitization.

Vision 2030 was developed through a participatory approach. All stakeholders in the health sector actively participated and contributed to the process. The development process was led by a local expert committee, and the WHO team provided technical guidance to ensure that lessons learned from other countries with similar contexts of Lebanon were considered. Some key preparatory work was done, including the following:

- Two policy dialogue meetings covering:
  - How to achieve universal health coverage in Lebanon.
  - Pharmaceutical sector reform with the Order of Pharmacists.
- Two national surveys were conducted to better understand the demographics of physicians and nurses in Lebanon during the current crisis. Survey findings supported the development of human resources strategies for health care workers in Lebanon, with a focus on production and retention.
- Five strategic directions for sector recovery, with 24 related strategic goals and 82 strategic objectives, were developed within the immediate framework for relief encompassed by the strategy.

Vision 2030 was reviewed and finalized by stakeholders and the Ministry of Public Health, and was set to be launched in January 2023.

B. Integration of national health accounts

National health accounts are usually produced every one or two years, and they set out health expenditures by provider and by purchaser. They also provide integral information for health policy financing, as they include data on health expenditures in terms of financing sources, agents, providers and health functions.

The Ministry of Public Health took the decision to integrate the automated national health accounts tool within public sector institutions: ministries providing or purchasing health care. WHO supported the finalization of tools and training required to facilitate the integration process, which included working with various public funds providing or financing health services. Within the integration process, and in order to ensure the appropriate collection of data, a data collection tool questionnaire was prepared, and public fund focal points were trained and tasked to confidentially complete the questionnaire through a digital platform. Data collection for the production of national health account reports for the period 2019–2020 and for 2021 was completed, to be finalized by April 2023.



Discussion on the national health strategy in Balamand

C. Support to civil registration and vital statistics system

A well-functioning civil registration and vital statistics system registers all births and deaths, issues birth and death certificates, and compiles and disseminates vital statistics, including cause of death information. It may also record marriages and divorces. Countries need to know how many people are born and die each year and the main causes of their deaths so as to have well-functioning health systems.[25]

Since 2017, WHO has continually worked on enhancing the civil registration and vital statistics system in Lebanon, which enables all hospitals to input data. In the period January–October 2022, there were 17 156 deaths reported through the hospital mortality system real-time data, which feeds into the civil registration and vital statistics system. WHO supported the relevant department within the Ministry of Public Health to update the hospital mortality system, enhancing the workflow and import of data between hospitals and the Ministry. By October 2022, the system included data for 121 000 records,[26] reflecting the period 2018–2022. WHO is assisting the Ministry in adapting and integrating the International Classification of Diseases 11th Revision (ICD-11) – the global standard for recording health information and causes of death –[27] and upgrading the hospital-based deaths reporting system for civil registration and vital statistics. Preparations for refresher training to enhance the knowledge of hospital focal points on ICD-11 were also initiated.

D. Pharmaceutical sector and medications

WHO supported the development of the National Pharmaceutical Sector Strategy 2022–2030. WHO experts took part in a steering committee which implemented the policy dialogue, and collaborated with the Order of Pharmacists in preparing the strategy. The strategy has eight strategic pillars and promotes pharmaceutical governance in line with international guidelines.[28]

The National Pharmacovigilance Centre, hosted at the Lebanese University and fully supported by WHO, was launched on 14 September 2022 to increase the safety of pharmaceuticals by reducing the incidence of adverse drug reactions, provide a warning network, and assist stakeholders in taking timely and organized corrective action. The National Pharmacovigilance Centre facilitated the capture of efficacy and safety data, and generated useful adverse drug reaction reports for COVID-19 and cholera vaccination.

The Medsafety app, a mobile application designed and supported by WHO, facilitated the collection and viewing of adverse drug reaction data, the delivery of safety messages,



Donation from the European Union of cancer medication
Photo credit: WHO/Hala Habib

25 WHO, Civil registration and vital statistics (CRVS).
26 Ministry of Public Health, Vital Data Observatory Statistics, 31 October 2022.
27 WHO, International Statistical Classification of Diseases and Related Health Problems (ICD).
28 Hala Sacre and others, Towards a national pharmaceutical strategy in Lebanon: Ensuring access to quality and safe medications for all, 2023.

and the provision of timely information on drugs. Training of health care professionals on reporting adverse events using the Medsafety app and the e-reporting tool was initiated at hospitals. Data is collected from patients, caregivers, and health care professionals reporting adverse drug reactions using the mobile application. Adverse events following immunization and monthly reports on adverse drug reactions are published on the website of the Ministry of Public Health.

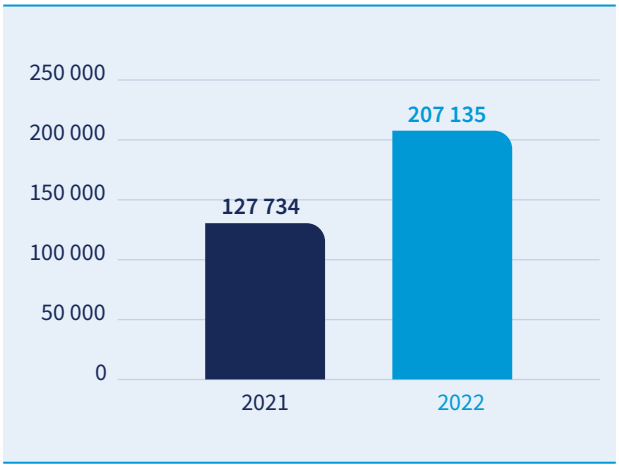
Maintaining access to medications for the most vulnerable groups

In 2022, the demand for acute and chronic essential medications at the PHCCN increased. With the Ministry of Public Health facing challenges in securing government funds needed to procure medications for primary health care centres owing to the severe economic and fiscal crisis, WHO filled the gap by ensuring the availability of essential chronic, ncommunicable disease, and acute cases medications. WHO procured these medications through the WHO international bidding system, which has facilitated access to a wide network of international suppliers offering affordable prices for needed items, and helped optimize the use of available funds.

WHO, through generous financial support from the European Civil Protection and Humanitarian Aid Operations (ECHO), the Central Emergency Response Fund (CERF) and the Italian Government, was able to secure needed medications at the level of primary health care centres for around 350 000 patients with acute medical conditions, 207 135 patients with chronic noncommunicable diseases, 5000 patients with insulin-dependent type 2 diabetes, and 1000 children with type 1 diabetes. Procurement of needed medications was done for 1092 cancer patients, of whom 22% (240) were paediatric cancer patients. Medications were procured from updated essential medicines lists, based on recommendations by WHO and the Ministry of Public Health.

WHO contracted the Young Men's Christian Association (YMCA) to facilitate the distribution, monitoring utilization and reporting of acute and chronic medications to PHCCN. According to YMCA, there was a 38% increase in the number of beneficiaries receiving chronic medications at primary health care centres in 2022 (207 135 in 2022 compared with 127 734 in 2021).

Fig. 3. Annual active beneficiaries: chronic medication programme



Source: WHO medication programme.

WHO supported the procurement of other medications and medical supplies for hospitals and primary health care centres, including the procurement and distribution of psychotropic medications, antiretroviral therapy medications, and HIV polymerase chain reaction (PCR) testing, and pre-exposure prophylaxis supplies. Provision and operational support were provided for COVID-19 and cholera vaccination, and for anti-rabies vaccines and rabies immunoglobulins through the Ministry of Public Health and its partners. Personal protective equipment (PPEs) and supplies, and laboratory reagents were also covered. Table 12 summarizes the medications and other supplies procured by WHO and donors, and related funding allocation in 2022.

Table 12. Medication and supplies procured by WHO with funding donors' support and allocation, 2022

Medications and supplies	Donors	Funding allocation (US$)
Noncommunicable diseases, including mental health medications	ECHO, CERF, European Union	4 091 860
Insulin	ECHO, CERF, European Union	2 050 312
Acute medications	European Union	3 310 006
Catastrophic – cancer medications	Italian Fund	746 845
Laboratory reagents		1 198 614
Diagnostics and research biologicals		1 494 699
Antiretroviral therapy medications	Global Assistance Fund	352 269

Source: WHO Lebanon.

In coordination with the Medical Devices Department of the Ministry of Public Health, WHO assisted in initiating a health technology assessment to strengthening technical, regulatory and governance capacities, the medical devices and in-vitro diagnostic medical devices tracking system, and MediTrack software updates. Similarly, the medical devices pricing guidelines were updated, along with upgrading the process of reimbursing subsidized implantable medical devices that were linked to Supply Trace, a tracking system for implantable medical devices in line with MediTrack.

WHO supported the reconstruction and upgrading of the Central Drug Warehouse at Karantina after the 2020 Beirut Port explosion. In March 2022, the Central Drug Warehouse was officially handed over to the Ministry of Public Health by WHO. It has evolved into a state-of-the-art medication warehouse, with four-times greater storage capacity optimizing stock management, operational capacity and workflow, as well as greater preparation and distribution capabilities, thus enhancing accessibility to medications and vaccines by beneficiaries via the distribution network. Support included technical assistance, funding, software development, capacity-building, medication procurement, information technology (IT) equipment and supplies.

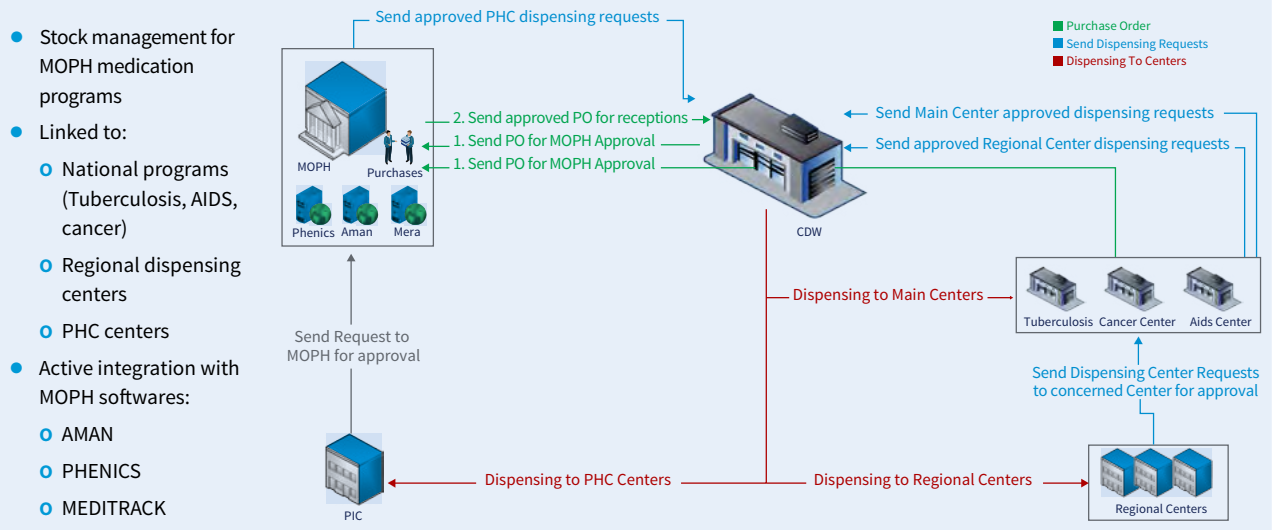
In 2022, WHO efforts focused on improving the monitoring and governance capacity of the Ministry of Public Health regarding the pharmaceutical sector by upgrading the administrative automation of the sector. The following two major achievements were supported by WHO in 2022:

1. Automation of the logistics and supply system at the Central Drug Warehouse: the automation of the medication supply chain was completed with the Warehouse registering all medications purchased or donated within the Logistics Management System (LMS). Efforts also focused on centralized and automated activities to avoid medication and supplies procurement overlap, enhance coordination of supplies/suppliers, increase medications tracing, and avoid abuse and misdistribution. LMS is implemented in all the Ministry's centres, including tuberculosis, the National Aids Control Programme, catastrophic centres, and preventive medicine, in addition to the YMCA.

LMS allowed and facilitated the decentralization of the drug distribution process, with remote sites now able to view the available stock and reserve of needed medications online. This system also improves the accountability and transparency of the provision of medications and supplies to health facilities, ultimately helping to ensure equity between residents.

2. Upgrading MediTrack software: a fully automated system, which allows tracking and tracing of all registered or donated medications from manufacturer to end user, utilizing the national two-dimensional barcode system for pharmaceuticals applied to pharmaceutical packaging. The number of users connected to MediTrack reached 250 by end of 2022 (out of 4000 expected users). Users include all 100 importers and distributors, 57 hospitals and 65 community pharmacies providing intravenous treatments and oral medications for cancer patients, respectively.

Fig. 4. Logistics Management System



Source: Joint presentation on Meditrack by the Ministry of Public Health and WHO.

Both the LMS and the MediTrack systems are interoperable and exchange real time data with existing systems such as AMAN (a pre-approval automated system for cancer and catastrophic diseases treatment under the Ministry) and the PHENICS system (a database for patient encounter records and essential medication dispensing at primary health care centres).

By the end of 2022, WHO procured IT equipment and software to help accelerate the digitization of the health system, by using fibre optic communication and advanced servers and computers. Extensive capacity-building training was conducted for health workers and others using the digital systems.

E. Hospital accreditation standards in Lebanon

WHO played an important role in sustaining some critical programmes at the Ministry of Public Health, including the national hospitals accreditation programme. WHO supported this programme by providing financial top-up and technical back-up to sustain the staffing of the programme. Accordingly, the Hospital Accreditation Standards in Lebanon were updated by December 2022, in line with the requirements of the International Society for Quality in Healthcare, and latest evidence and international best practices. The updated National Hospital Accreditation Standards were prepared with the support of WHO and the French Development Agency through the Ecole Supérieure des Affaires, which provided logistical, educational and administrative support, under an agreement signed by the Lebanese Ministry of Public Health and the French Health Authority.

F. Strengthening tertiary and long-term care facilities

Since June 2020, the impact of WHO support to hospitals in relation to the COVID-19 response included the following:

1. A total of 4800 severe COVID-19 patients in intensive care were subsidized for hospital care.
2. A total of 1250 COVID-19 patients in hospital care costs were reimbursed.[29]
3. A total of 948 COVID-19 patients were supported with ICU services.[30]
4. In 2022, 4223 medical staff were trained on COVID-19-related health.
5. A total of 705 nurses were deployed 38 288 nursing days for COVID-19 care.[31]

COVID-19 units in 12 public hospitals in all Lebanese governorates received support from WHO under the COVID-19 hospital response and preparedness initiative, thus strengthening regular and intensive care units by ensuring the availability of medical staff, nurses and physicians, building capacity, and procuring medical equipment. In 2022, WHO support included the following:

- Subsidizing ICU and emergency room nursing staff salaries, and recruiting personnel to complement available nurses so as to reach the required nurse-bed ratio.
- Implementing capacity-building for the COVID-19 early detection and referral system.
- Compensating operational costs for COVID-19 vaccination in 32 hospital-based centres.



Support with IT equipment at the Central Drug Warehouse.
Photo Credit: WHO/Hala Habib

29 WHO, Global Health Emergency Appeal: Lebanon, 2022; WHO, Lebanon: WHO team accompanies German delegation on a visit to Baabda Governmental Hospital, 2022.
30 WHO, Country Cooperation Strategy for WHO and Lebanon, 2023.
31 Ibid.

In addition, WHO initiated preparations for the procurement of the following:

- Oxygen generators and oxygen plants for six public hospitals.
- Equipment towards increasing the number of paediatric ICU beds to help increase access to life-saving in-hospital care for COVID-19 and other critical paediatric conditions.

Table 13. Number of staff supported at various sites, 2022

Hospitals	Full-time registered nurses equivalent in ICU	Full-time practical nurses equivalent in ICU
ICU	223	238
Emergency room	72	66

Note: Full-time registered/practical nurses equivalent in ICU is the computed total number of shifts, which is then estimated as equivalent in full-time employees.

Source: WHO Lebanon.

In 2022, WHO focused on developing a quality-of-care package that was provided in ICU and long-term facilities, covering lifesaving and inhalation issues. Standard operating procedures and early detection and case management of COVID-19 and cholera cases were integrated in ICU at five hospitals. Capacity-building activities were conducted covering the following:

- Advanced life support and quality of care for communicable and noncommunicable diseases.
- Lifesaving and life-sustaining service delivery.
- Inhalation training.

Cumulatively, a total of 2196 patients were admitted to isolation centres, long-term facilities and hospitals. In support of COVID-19 and cholera emergency responses, nurses were retained for emergency services and care in isolation units and older person homes, and as part of outreach activities teams. In most public health hospitals,



Initiation of oxygen plants for hospitals
Photo credit: WHO/Reine Shaito

staffing of both nurses and physicians was supported to help ensure their availability during all shifts at any time of the day or night. Coaching was offered as part of the provision of capacity-building activities and good service quality.

Moreover, WHO supported sustaining primary health care services and ensuring the availability of nurses in prison isolation units. WHO recruited nursing staff to cover large prisons all day every day, and regional prisons day nurses were present seven days a week. For smaller prisons, a "flying team" was formed to provide support when needed.

An innovative approach was utilized as a result of the COVID-19 response, aimed at improving and standardizing COVID-19 critical-care practices. Twelve major public hospitals were selected and twinned with six private academic hospitals in 2021. The project was based on LHS launched earlier by WHO, which was implemented through the Middle East Academy for Learning Health Systems. The twinning project was established through a memorandum of understanding signed by WHO, Saint Joseph University and the Ministry of Public Health, aimed at transferring evidenced-based knowledge and skills from academic university hospitals to community hospitals through a public-private partnership. In 2022, the twinning project focused on quality indicator improvements in ICU, and airway management and advanced resuscitation training. Since the need for training was universal across hospitals, the project provided 359 training sessions reaching 4200 participants on resuscitation, 15 physicians on mechanical ventilation, and eight nurses on inhalation therapy.

G. Moving forward with primary health care

As a cornerstone of universal health care, strengthening primary health care is a priority for WHO, to be implemented through a person-centred approach.

A systematic people-centred primary health care approach was integrated in health service provision in Lebanon to help improve the quality and continuum of care. After conducting a baseline assessment, four health facilities were selected in coordination with the Ministry of Public Health as pilot sites. Primary health-care protocols were adapted for long-term institutions. The adapted protocols included introducing the new approach to core care teams and facilities, providing training on the related curriculum, establishing people participation groups, redesigning services, and field monitoring. Roll out of the project is expected to be accelerated in 2023.

Focusing on PHCCN, work proceeded towards improving quality of care; providing training on noncommunicable diseases, offering nutrition counselling, and re-profiling of nurses training module. WHO helped ensure continued access to noncommunicable disease screening and management, and provision of medications and supplies at primary health-care centres. Other activities included the following:

- A chart audit of 580 medical records in 29 randomly selected primary health care centres was implemented



Training on dietary advice and counseling on noncommunicable diseases for primary health care centres

to evaluate current medical practices within them, to identify ways to improve quality of service delivery and documentation completeness, and to check conformity in managing the most common clinical conditions.

- A list of clinical algorithms for 33 health conditions were prioritized, developed and finalized, reflecting the most common health conditions encountered in PHCCN, making up 90% of adult consultations, excluding gynaecologic and pregnancy consultations. PHCCN physicians had reported the need for more simplified algorithms and decision-aid tools. The list was prepared after collecting data from international nongovernmental organizations (NGOs) and integrating assessment results.
- A series of training sessions on diet advice and counselling for noncommunicable diseases, focusing on interventions for hypertension and diabetes, were conducted. Physicians and nurses working in over 40 primary health care centres in southern Lebanon, Bekaa and Tripoli were trained in nutrition counselling for management of cardiovascular diseases and diabetes, in addition to using tools to support work practices such as the body mass index calculation chart, anthropometric measurements, healthy plate education, and treatment of hypoglycaemia.



Nurse in a prison

Supporting Roumieh Central Prison

With the aim of improving access to health and mental health services in Roumieh Central Prison, WHO facilitated the integration of the Roumieh Medical Centre within PHC network and worked on adapting the network's essential health-care package to the prison context. A team of nurses, family physicians, social workers, a psychiatrist, an ophthalmologist and an infectious disease physician was recruited, and provided comprehensive health assessments and follow-up for over 2,500 inmates. Inmates also received continuous education and awareness sessions.

The prison medical clinics were renovated and painted, with the active involvement of inmates. Medical equipment, tools and furniture were procured following a thorough assessment of medical clinics, and taking into account PHCCN integration requirements and prison medical clinic specificities.

As a main determinant of health, nutrition issues were addressed. A feasibility assessment was implemented resulting in the preparation of two-week menus covering regular and noncommunicable disease meals. Food safety and food service checklists were also developed towards process improvement. The officer in charge of the kitchen was trained implementing the menus and checklists, and other related topics.

With regard to digitizing the inmates' medical records, the Ministry of Interior and Municipalities established a task force, with the participation of WHO and other partners, namely the Ministry of Public Health, the Ministry of Justice, the United Nations Office on Drugs and Crime, and the International Committee of the Red Cross. WHO led the work of the taskforce via technical and IT analysis support. WHO also procured computers and cables for the prison's Intranet system. Moreover, the medical file section for nurse and physician consultations, and the medical request management process, were developed and revised in line with the essential protocols of care.

H. Reinforcing national immunization coverage

WHO supported the Primary Health Care Department of the Ministry of Public Health in developing the National Immunization Strategy, based on newly established WHO guidance on the Immunization Agenda 2030. During COVID-19 pandemic, immunization coverage of young children declined due to service interruption among other reasons. WHO, in collaboration with its partners, has taken steps to address immunization challenges. The National Immunization Strategy will likely address some of those challenges and contribute to improving immunization services.

Furthermore, the national vaccination calendar was updated to help improve immunization coverage, in addition to introducing the inactivated poliomyelitis vaccine and adding the rotavirus vaccine to the calendar.



Towards increasing access to vaccines and sustaining immunization rates, Lebanon successfully became:

- **Gavi-eligible: Lebanon will receive vaccine antigens for common diseases noted in the calendar, and technical support under the newly established Global Alliance for Vaccines and Immunization (Gavi) Fragility and Emergencies Index.**
- **PIVI-eligible: Lebanon will receive seasonal influenza vaccine donations and technical support to scale up the uptake of the vaccine, under the Partnership for Influenza Vaccine Introduction (PIVI).**

Table 14. Number of GAVI vaccines to be received per year for three years

Antigen	Total doses per year
Diphtheria-tetanus-pertussis (DTP)-Hepatitis B-Hib vaccine, vial of one dose	443 960
Measles vaccine, vial of five doses	147 617
Measles, mumps and rubella (MMR) vaccine, vial of one dose	221 980
Hepatitis B vaccine, paediatric, vial of one dose	110 990
Inactivated polio vaccine, vial of one dose	110 990
DTP vaccine, adsorbed, vial of 10 doses	123 199
Bivalent oral poliovirus vaccine (bOPV) types 1 and 3, vial of 10 doses	739 193
Pneumococcal vaccine, vial of four doses	369 597
Rotavirus vaccine, vial of two does	369 597
Tetanus and diphtheria vaccine for children (10 and 16 years), vial of 10 doses	246 398
Diphtheria and tetanus vaccine, adsorbed, vial of 10 doses	3707
Bacillus Calmette–Guérin (BCG) vaccine, vial of 20 doses	23 310

Source: Gavi, Annual Progress Report, 2022.



Lebanon will receive influenza vaccine doses, and technical and financial support from PIVI, as one of 24 selected countries. Accordingly, a total of 10,000 doses of influenza vaccines will be donated to Lebanon in September 2023.

SP2. Addressing health emergencies

A. Reviving the Central Public Health Laboratory

The Ministry of Public Health decided to re-establish the Central Public Health Laboratory (CPHL) to address the gaps in laboratory diagnostic capacity in Lebanon, as part of national health security and pandemic preparedness. In 2022, WHO supported some of the preparatory work for the re-establishment of CPHL with a focus on emerging and re-emerging infectious diseases. WHO supported the following:

- Defining the role of the CPHL coordinating unit.
- Drafting the CPHL roadmap and plan of action.
- Refurbishing the new CPHL premises, with support from Pasteur Institute, and procuring the required equipment.
- Finalizing the list of emerging and re-emerging diseases that will be tested at the designated laboratories.
- Establishing a national network of reference laboratories (water and food safety, antimicrobial resistance, and medication quality control), based on the terms of reference and general requirements for national reference laboratories.
- Mapping prospective laboratories, resulting in seven laboratories meeting the pre-defined criteria.

B. Strengthening disease surveillance

WHO supported the Epidemiological Surveillance Unit of the Ministry of Public Health to develop a roadmap for the five-year National Surveillance Strategy. It focuses on prioritizing diseases, optimizing the surveillance workforce by adopting an integrated disease surveillance strategy, and guaranteeing the flow of information for action.

Towards strengthening national disease surveillance, WHO supported the monitoring of circulating respiratory pathogens in Lebanon, namely SARS-CoV-2 and influenza, through improved surveillance, using an influenza-like illness/COVID-19-like illness integrated sentinel system network. Lebanon was selected by the WHO Global Influenza Programme to take part in phase II of the respiratory syncytial virus surveillance pilot. To further strengthen events-based surveillance, the WHO Epidemic Intelligence from Open Sources was deployed and the Epidemiological Surveillance Unit is currently using the system to reinforce event-based surveillance. Other WHO-supported activities included the following:

- Assisting in the completion and submission of the national State Party Self-Assessment Annual Reporting on the implementation of international health regulations.



Laboratory and case management supplies donated by ECHO

- Updating the national Influenza Pandemic Preparedness Planning in the context of all-hazard preparedness and global health security. The Pandemic Influenza Preparedness Workplan was prepared for the biennium 2022–2023 to help with routine assessment of the risk and severity of influenza, including human-animal interface events. Quality monitoring and regional advocacy for regional implementation were also planned for 2023.
- The national Pandemic Influenza Severity Assessment mission of November 2022 was instrumental in setting and revising the indicators for the epidemic thresholds using the Moving Epidemic Method, and implementing a Pandemic Influenza Severity Assessment simulation exercise using national data. A core team from the Epidemiological Surveillance Unit was trained on the Moving Epidemic Method for influenza surveillance and severity assessment. Outputs generated from the assessment were encompassed in the seasonal influenza national bulletin and shared on the Pandemic Influenza Severity Assessment platforms. New Influenza and other respiratory virus reporting templates were prepared and agreed upon.
- Despite a low transmission rate, WHO continued to support COVID-19 surveillance activities through the following:
    - Regular monitoring of circulating strains of SARS-CoV-2 through genomic sequencing to help anticipate SARS-CoV-2 waves, where transmissibility and immune evasion were more dangerous.
    - Two seroprevalence studies were conducted to better estimate the population immunity against COVID-19:
        - Genomic surveillance of SARS-CoV-2 in COVID-19 vaccinated health care workers in Lebanon.
        - Evaluating the governance and preparedness of the Lebanese health system for the COVID-19 pandemic: a qualitative study.
- The Early Warning, Alert and Response System (EWARS) was upgraded at the national level, to have more than 800 health facilities reporting in District Health Information Software 2 systems. EWARS attained 98% completeness and 96% timeliness in reporting, according to the Epidemiological Surveillance Unit. WHO supported the Epidemiological Surveillance Unit to recruit and train 68 surveillance staff in 2022.
- Assessment and mapping of the sentinel sites network for severe acute respiratory illness/influenza-like illness was undertaken, and accordingly the status of surveillance sites was reviewed and their capacity strengthened. Surveillance standard operating procedures for severe acute respiratory illness and influenza-like illness were revised, and related training for sentinel network staff was conducted.
- WHO partnered with the American University of Beirut, the Lebanese American University, and laboratories at the National Influenza Centre of Rafik Hariri University Hospital to assist the genomic sequencing for SARS-CoV-2, so as to monitor the circulating variants in the country.



Simulation exercice meeting organized by WHO for all stakeholder

- Genomic sequencing of SARS-CoV-2 and vibrio cholerae was supported, and WHO and the Ministry of Public Health continued to characterize and monitor the strains circulation and provided guidance for response measures.

C. Establishing the Public Health Emergency Operation Centre

The ongoing response actions to multiple crises brought forward the need for timely consolidated decision-making at all levels. The Public Health Emergency Operation Centre (PHEOC), initially established at Rafik Hariri University Hospital, was relocated to the Ministry of Public Health. Rehabilitation of the new Ministry premises was initiated in October 2022, along with the procurement of necessary IT and office equipment. A WHO technical support mission provided the Ministry team with guidance and reference documents for the operationalization of PHEOC, and the main tasks expected from the team. The PHEOC action plan was prepared accordingly.

PHEOC collaborated with various partners for the assessment and provision of training, targeting various participants. Activities implemented included the following:

- COVID-19 and cholera public awareness sessions reaching 2840 participants: 1614 school children, 800 university students, 259 citizens, and 167 teachers from all governorates.
- COVID-19 vaccination training covering handling, storing, transporting and waste management issues for 142 pharmacists and nurses in 20 vaccination centres.
- Infection prevention and control (IPC) programmes: training-of-trainers 10-days course provided to 92 hospitals, 137 IPC professionals and infectious diseases physicians.
- IPC concepts and standards training provided to 115 hospitals, totalling 1000 health care workers.

In addressing health emergencies, WHO actions focused on supporting PHEOC with response and preparedness activities by undertaking the following:

- Assessing public health risks after the collapse of the Beirut Port silos. Several coordination meetings were conducted by the PHEOC team with relevant authorities, concluding with public health recommendations and preventive measures.
- Moving onwards with the COVID-19 outbreak response and preparedness initiative.
- Coordinating the response of the October 2022 cholera outbreak at central and peripheral levels.



Meeting at the Epidemiology Surveillance Unit

Box 2. PHEOC response

At the central level:

- Assisting in the coordination of all health risks management functions through all stages of the risk management cycle from prevention through response to early recovery.
- Leading and coordinating hazards prevention/mitigation, hazards specific vulnerability reduction, and hazards specific capacity-building endeavours, in collaboration with partners.
- Facilitating the implementation of capacity-building programmes, including monitoring and evaluating capacity-building activities.
- Ensuring proper connectivity with disaster risk management suboffices at the governorate and district levels.

At the peripheral level:

- Coordinating a cholera response with PHEOC at the subnational level, and with the Ministry of Energy and Water, the Ministry of Environment, and the Ministry of Interior and Municipalities.
- Liaising with the district health units for periodic review and analysis of acute watery diarrhoea/cholera-specific data, needs, priorities and responses.
- Facilitating community-based cholera related interventions within governorates.
- Supporting the assessment and monitoring of hospital readiness for cholera response at the governorate and district levels.
- Liaising with rapid response teams and relevant health authorities to facilitate response implementation.
- Conducting field visits in support of hospitals to help identify gaps and needs to be addressed.
- Ensuring timely information dissemination through alerts, in close coordination with surveillance teams.
- Supporting and monitoring preliminary containment and control measures as appropriate, through field visits and direct observations.
- Supporting and coordinating follow-up containment and control measures according to findings/results and national intervention policies and guidelines.
- Liaising with the water, sanitation and hygiene (WASH) sector and local authorities in affected areas, and disseminating guidelines and standard operating procedures related to preparedness, prevention and mitigation measures in affected areas.

D. Moving onwards with the COVID-19 pandemic response and preparedness

A total of 1.2 million confirmed cases and 10 723 associated deaths were registered in Lebanon from early 2020 to 31 December 2022. Vaccination coverage for COVID-19 reached around 50%, while the last seroprevalence survey indicated that more than 92% of the population developed immunity towards SARS-CoV-2.

WHO support included the following:

- Supporting the coordination of the response at the national and subnational levels, while representing the United Nations in the national COVID-19 task force, with technical backup for all public health measures.
- Expanding and enhancing EWARS to more than 1,208 health facilities, increasing the human resources capacity of the Ministry of Public Health tenfold.
- Supporting public hospital capacity: increasing the number of beds by around 25% and human resources by 50%, with a focus on ICU care, quality improvement, and IPC.
- Improving and expanding capacity and quality assurance of medical laboratories by procuring reagents and kits, developing protocols for testing, and establishing an external quality assurance mechanism for PCR testing.

- Maintaining access to health services by ensuring uninterrupted availability of medications at primary health care centres, with capacity-building for pharmaceuticals management, including Central Drug Warehouse reconstruction, integrating a barcode system for tracing medications, and supporting the National Pharmacovigilance Centre.
- Addressing knowledge gaps through research studies and documentation of best practices and lessons learned.
- Increasing deployment of nurses and other health workers to support hospitalization, surveillance, IPC and others.

E. Support to the monkeypox outbreak response

In June 2022, a total of 20 monkeypox-suspected cases were reported to the Ministry of Public Health. Of the 12 tested, 4 were confirmed positive. They were Lebanese, located in the Beirut and Mount Lebanon governorates, with an average age of 41.5 years, with travel history, and primarily among men who have sex with men. Most cases did not develop any severe symptoms or complications. No deaths were reported due to monkeypox.

The health response was mainly led by WHO, in close partnership with the National AIDS Control Programme and its partners. A multi-sectoral plan was developed focusing on awareness-raising, referral for testing and medical care, and building the capacity of the Ministry of Public Health in terms of surveillance and laboratory testing. The response plan initial cost was around US$ 300 000 and WHO secured funding from the United States Agency for International Development (USAID). WHO support helped strengthen key response interventions and allay the spread of monkeypox through the following:

- Improved access to key and vulnerable populations by strengthening capacities of specialized NGOs.
- Early detection activities and linkages to confirmatory testing.
- Enhanced testing capacity at public laboratories.
- An awareness-raising workshop on monkeypox viral disease testing and detection.
- Proper referral and enhanced case management, and suitable isolation of confirmed cases.

F. Hepatitis A outbreak response

In 2022, the Ministry of Public Health reported 590 cumulative suspected hepatitis A cases, located mostly in Bekaa and the northern governorates. The highest number of cases nationwide were in the 5–9 age group, but they were in the 10–19 age group in the Tripoli district. WHO provided support to key response interventions, including supplies for water chlorination, awareness-raising and enhanced surveillance. Although viral hepatitis A is endemic in the country, the outbreak was extensive and was attributed to the deteriorating water and sanitation situation. The risk of more severe waterborne disease outbreaks is considered high.

The plan and support for containing the outbreak focused on the following:

- Timely surveillance, identification and chlorination of contaminated sources.
- Awareness-raising through community engagement.
- Improving early warning surveillance to detect suspected hepatitis A cases and refer them to the nearest health facilities for case management.
- Procuring and deploying stocks of chlorine powder to affected areas through the Ministry of Public Health.
- Reactivating the six water quality monitoring laboratories.

G. Cholera outbreak response

On 4 October 2022, Lebanon reported its first cholera case in 30 years, after a cholera outbreak was declared across the border in the Syrian Arab Republic a few weeks earlier. In Lebanon, the outbreak affected most governorates, with the highest number of cases noted in the North and Akkar governorates. By December 2022, 23 deaths were reported, with 5810 suspected cases of which 670[32] were laboratory confirmed.

A national taskforce, headed by the Ministry of Public Health and supported by WHO, was established in the first days of the outbreak to coordinate the cholera response and to engage with the Emergency Operation Cell of OCHA.

- A joint and multisectoral cholera response plan was prepared and implemented, focusing on health (surveillance, laboratory capacity, testing, case management, and IPC), WASH (water chlorination and hygiene kits), and the development of risk communications and community engagement.

32 Ministry of Public Health, COVID-19 surveillance report, 31 December 2022.

- Intensified advocacy targeting stakeholders and communities, donor briefs preparation for fund raising, and sensitization of government officials (parliamentarian committees and concerned ministries).
- Joint proposals for procurement of cholera vaccines were submitted to the International Coordinating Group (ICG).

WHO support focused on the following areas:

- Repurposing existing funds towards the cholera response, in agreement with donors (KfW Development Bank and ECHO), and mobilizing additional funds.
- Ministry team surge capacity support covering the following:
  - Staff response support at the district and governorate levels.
  - PHEOC activation and expansion.
  - Support to thematic committees.
  - Surveillance, WASH, and clinical care technical support missions:
    - As drinking water and sewage system testing provided positive cultures, thus confirming the presence of vibrio cholerae in potable water sources/irrigation/sewage in October 2022, the technical WASH-Cholera mission highlighted the need for chlorinating water at the household level, and ensuring the proper chlorine dosage to disinfect water; and the necessity of undertaking free residual chlorine tests and E. Coli tests for drinking water, and strengthening water quality monitoring across the country and in the affected areas.
- Cholera emergency kits, medications, laboratory kits, supplies and cholera vaccines were promptly requested, shipped and distributed in October 2022, in coordination with the emergency team in Lebanon, for around 5000 patients in 12 public hospitals designated as cholera treatment units and reference laboratories.
  - Disseminating testing and clinical care protocols for public and private facilities.
  - Assessing hospital readiness to safely and adequately receive, admit and treat high number of patients presenting with cholera symptoms-acute diarrheal disease. For each hospital, a tailored support plan was prepared and operational resources were provided to the cholera treatment centre/diarrhoeal treatment centre, including staffing, training and coaching of hospital staff, and the provision of cholera and IPC kits, infusions and medications, rapid tests, and educational materials.
  - Clinical care quality improvement was supported by deploying surge medical and nursing capacity (more than 134 staff in three hospitals), with additional direct coaching provided by expert teams.
  - An IPC preparedness action plan was developed, and a team of doctors, nurses and IPC officers was recruited to assist in initiating, delivering training, and applying necessary interventions. IPC preparedness interventions were applied in 27 hospitals, of which 24 were governmental hospitals, covering 79% of governmental hospitals in Lebanon.
- Detailed assessment was conducted, six water quality monitoring laboratories were reactivated, related training was provided, and reagents and supplies procured.
- The capacity of decentralized laboratories at public hospitals was strengthened as follows:
  - Conducting a technical assessment/review of the capacity of peripheral government hospital laboratories for the detection and confirmation of cholera, assessing basic infrastructure, and evaluating the qualifications and competency of staff members and of current practices for detecting and confirming *Vibrio cholerae*.



Testing material donated by WHO

- Six functional laboratories at public hospitals in all governorates were selected for monitoring water quality.
- Standard operating procedures were developed for standard water testing methods, indicating main bacteriological parameters including cholera.
- Reagents and needed supplies for bacteriological water and cholera testing were procured and provided promptly to each laboratory, based on its capacity to conduct between 10 and 50 tests per week.
- By November 2022, six training workshops were conducted, training 25 laboratory technicians and directors on proper water bacteriological analysis.

- To help strengthen the cholera knowledge base and learning capacities, the following training sessions were provided:
  - 40 cholera public awareness sessions for school and university students and teachers, and citizens, reaching 2840 people.
  - 15 points of entry training sessions for health care workers and non-health care workers covering the "Recognize, identify, notify, and give support" (RING) principles, standard operating procedures, tabletop exercises, and cholera preparedness and response.
  - 14 surveillance and reporting training sessions with the Epidemiological Surveillance Unit, including training-of-trainers for district physicians, and 28 similar training sessions for staff members in hospitals, health facilities, medical centres, and NGOs at all levels.
  - Hospital capacity-building including cholera IPC standard operating procedures and case management, covering admitting unit design, triage zones, emergency preparedness, isolation or dedicated separated units, availability of toilets or latrines, availability of staff members, safe use of PPE, availability of needed treatments and medications, availability of chlorine, safe water and wastewater, and possibilities of water treatment:
    - 2,205 persons were trained, namely those working in ICUs, nursing, medical, housekeeping, and laundry services.
  - Providing coaching for 991 medical staff and nursing staff on IPC, laundry, emergency room and triage area management, patient flow, case management, IPC standard precautions, WASH recommendations, use of standard operating procedures, and patient-visitor instructions.
- The National Taskforce of the Risk Communications and Community Engagement, co-led by WHO, produced and disseminated videos and social media messages, in partnership with the ministries of public health, of information, and of education and higher education, and other United Nations agencies and partners, via various channels, especially for citizens and foreign nationals of affected communities, to help contain the spread of cholera.



Ministerial field visit during cholera to informal settlements

Materials produced included the following:

- What is cholera? An animated video targeting the general public.
- What is cholera? Cholera preventive measure, cholera symptoms, and cholera vaccine videos.
- Video on the WHO response to the cholera outbreak.
- Billboards, flyers and posters in eight migrant languages.

- Vaccination support:
  - 1 501 800 oral cholera vaccine (OCV) (Euvichol Plus) doses were received by 9 December 2022.
  - WHO Country Office and the ICG covered the full cost of the first 600 000 doses received from the ICG.
  - The cholera vaccination campaign was initiated on 12 November 2022, and a total of 1 151 800 OCV doses were administered by 31 December 2022.

Box 3. Cholera success story: ICG cholera vaccines

After 29 years with no local cholera transmission, the available OCV stock in Lebanon was not adequate to satisfy the cholera outbreak emergency response needs in October 2022.

WHO and the Ministry of Public Health worked diligently to attain the highly sought OCV vaccines for high-risk populations from the ICG. A total of 2.4 million doses were approved and 1.8 million were received in a timely manner, enabling Lebanon to proceed promptly with national immunization activities for high-risk populations, thus halting the spread of infection.

The vaccination campaign, responding in both a pre-emptive (prisoners in fixed site settings) and a reactive (refugees and hosting populations) approach, was launched on 12 November 2022, targeting all refugees and host communities aged 1 and above. By December 2022, 1 151 800 individuals were vaccinated.



Launch of the oral cholera vaccine campaign

A geographic information system (GIS) was initiated at PHEOC during the cholera outbreak to help provide immediate information for coordination and decision-making, in line with infectious disease control, and to help promote GIS skills at the country level. Cholera data was mapped and a GIS workshop was implemented, and the Cholera Outbreak Dashboard was generated in a timely manner.

H. Allaying the risk of the poliovirus

With the noticeable decline in routine vaccination (reaching up to 30% for certain antigens), and to allay the risk of the poliovirus affecting the population, the following activities were undertaken:

- Conducting a polio risk assessment.
- Preparing a novel oral polio type 2 vaccine (nOPV2) preparedness checklist and exercise.
- Implementing environmental surveillance for early detection of polio in wastewater, complementing the poliovirus surveillance.
- Updating the national vaccination calendar, introducing the second dose of the inactivated poliomyelitis vaccine in the routine schedule, in view of the risk of circulating vaccine-derived poliovirus type 2 (cVDPV2) in the Region, and to help improve immunization coverage.
- For early detection of polio in wastewater for the coming year, WHO supported the Ministry of Public Health with material for environmental surveillance.



National Influenza Center laboratory illustrating lab staff performing routine influenza sample processing and testing and recording of results at the RHUH. Photo credit WHO/Natalie Naccache



Cholera kits

SP3. Promoting healthier populations

WHO focused on advancing the management of malnutrition and the elimination of trans fatty acid (TFA) in food, ensuring accessibility to reproductive health medications, promoting palliative care for cancer patients, expanding mental health services and care, alleviating the burden of people living with HIV, screening and treating tuberculosis, and monitoring water quality. Efforts included conducting situation analyses, reviews and studies to develop a knowledge base for contextual decision-making. Strategies, regulations and essential criteria, in line with international and WHO standards, were prepared, and integration of needed approaches was addressed. Surveillance, digitization and training were an integral part of the promoted initiatives.

A. Actions under the National Nutrition Strategy priority areas

In 2022, WHO Lebanon intensified its support for nutrition activities according to the five different strategy areas of the National Nutrition Strategy and Action Plan 2021–2026 for Lebanon.[33] Its priority actions addressed health within integrated nutrition services as well as in strengthening food systems, based on the gaps and emerging needs in the country. WHO Lebanon is represented and engaged in the Nutrition Sector and the National Infant and Young Child Feeding (IYCF) Committee and continues to provide support in technical review of materials and campaigns, advocacy and mainstreaming of IYCF into other sectors including health and mental health.

With the drivers of malnutrition exhibited in Lebanon, it was essential to strengthen the malnutrition management and referral processes. An assessment was conducted of the capacity of primary health care centres and hospitals in screening and managing malnutrition, and the extent of their alignment with WHO and national guidelines. WHO Lebanon established a technical mission in September 2022 to assess the management of malnutrition at the primary health care and inpatient levels. A public health nutrition expert from WHO headquarters undertook a one-week mission where key informant interviews were conducted with stakeholders involved in the field of nutrition. Stakeholders included experts from the Ministry of Public Health, United Nations agencies, and non governmental institutions working on the management of malnutrition. Field visits were also conducted to primary health care centres and hospitals that provide screening and treatment for malnutrition for children under five years of age. The technical mission gathered data to enable the review of national guidelines on the management of malnutrition, and to provide recommendations for improving malnutrition programming in Lebanon.

In line with the WHO global target on the elimination of TFA, WHO Lebanon supported the Ministry of Economy and Trade in the development of a national legislation for TFA elimination in foods in Lebanon with a plan for progressive implementation. This is also a priority action under the National Nutrition Strategy, for a safer and healthier food supply amid multiple crises in Lebanon. The development process followed a consultative approach with key partners, including the Ministry of Public Health, the Ministry of Agriculture, the Ministry of Industry, and national laboratories and food industries, so as to attain consensus on the best TFA regulatory approach and assess the feasibility of enacting the regulation in Lebanon. This was complemented by a thorough review of WHO guidance and national evidence on TFA elimination in foods. The final legislation was reviewed by the ministries involved and approved by the State Council. It covers the scope of application, a binding limit



Assessment of nutrition services at health care facilities

33 Ministry of Public Health, National Nutrition Strategy and Action Plan 2021–2026, 2021.

of 2% TFA of total fat content, a method for TFA analysis, labelling requirements and regulation authorities, and the effective date of implementation and phase-in period. The TFA legislation launch is planned for 2023 to ensure uptake and appropriate implementation by relevant stakeholders.

B. Inclusion of reproductive health medications in the essential medicines list

Towards the implementation of the national sexual and reproductive health and rights (SRHR) guidelines under PHCCN, consultative meetings with the Ministry of Public Health were conducted, advocating the inclusion of reproductive health-related medications within the Ministry's essential medicines list. Follow-up was done on adopting the assessment recommendations of the 2020 availability of essential sexual and reproductive medications at the country level and their application. After meeting with stakeholders, a policy brief entitled "Assessment of situation of availability of essential medicine required for implementation of national SRHR guidelines in Lebanon: policy brief 2022" was prepared to serve as an advocacy document.

C. Promoting home-based palliative care

In an effort to ensure the provision of high-quality palliative care services for terminally ill patients in Tripoli, a needs assessment was conducted to inform the development of a home-based palliative care service model. This model was developed with Sanad, a national specialized NGO. A needs assessment of the health care team of 11 hospitals, primary health care centres, and the general public and beneficiaries in Tripoli was conducted, acquiring tangible knowledge on perceptions and attitudes towards home-based palliative care and identifying barriers for palliative care services. This aided in the planning process for establishing a home-based palliative care programme, especially for cancer patients. The components of the home-based model were developed and capacity-building material was prepared for training sessions. Health care providers were trained, followed by practical on-the-job shadowing and observership by the Sanad specialized team.

D. Expansion of mental health services and care

A total of 171 suicide deaths were reported in Lebanon in 2019.[34] Increased risk factors and decreasing protective factors are negatively driving the status and burden of mental health problems in the population, rendering it more vulnerable to psychological distress and mental health issues. The National Mental Health Strategy for Lebanon prioritized scaling up community-based mental health services, and integrating mental health services in the service package of primary health care centres.

WHO supported the National Mental Health Programme in the implementation of the National Mental Health Strategy, especially by increasing access to services including



At the Tripoli Government Hospital during the Cholera outbreak. Photo credit WHO/Roni Ziade

34 Ministry of Public Health and others, Preventing suicide in Lebanon, 2020.

medications, training and capacity-building, promoting mental health and preventing mental disorders, and conducting research.

The National Mental Health Strategy was reviewed in consultation with key mental health stakeholders working in the field, and in line with the WHO Global Action Plan. Main findings and priority action areas in the following domains were discussed: laws and policies, mental health services reorientation and scale-up, promotion and prevention, mental health information, evidence and research, and vulnerable groups.

A national care model and packages for mental health were piloted, including planning for a related series of training sessions, starting with the depression care package. The first sessions reached around 140 primary health care providers, including psychologists, psychiatrists, general and family physicians, nurses, midwives, and social workers. The training covered the national model of care and the global pathway, while highlighting the role of health care professionals. In addition to exploring the depression care package, screening tools, assessment, management and referral of depression cases, participants also practised how to set a crisis management, recovery and relapse prevention plan.



Mental health awareness campaign post



Ceremony of the university diploma on development and organization of mental health services

WHO also supported the National Mental Health Programme in costing mental health services, including community services and services in primary health care centres, general hospitals, and specialized outpatient care. Mental health services and intervention costs, effectiveness, and benefits were estimated using the WHO OneHealth Tool.

The Tannourine Government Hospital was supported in establishing and opening a mental health inpatient unit and outpatient services to meet the increased demand for mental health services in the community. The hospital's readiness, infrastructure and human resources capacity, among other factors, were assessed to ensure availability of needed capacity to open a mental health inpatient unit. Training on themes related to mental health and human rights was provided to health professionals working in the hospital. In addition, 12 nurses completed a university curriculum on mental health. The primary health care and outpatient services were initiated in 2022, and the hospital inpatient mental health unit is expected to launch in 2023.

The first class of medical staff to hold a university diploma in Development and Organization of Mental Health Services graduated in 2022. An evaluation of the diploma, introduced in the previous year, was conducted, delving into the relevance, reach, communication, delivery mode, and work setting application by candidates, among other factors.

The human rights situation in Lebanon is heavily linked to its fragile political, economic and social context, and several allegations of human rights violations have been reported. The WHO *QualityRights* initiative for the protection of human rights in mental health care institutions has been implemented by the National Mental Health Programme, with support from WHO. A national team of 28 assessors from various backgrounds (health, legal, among others) was trained to help assess facilities providing mental health services using the WHO *QualityRights* toolkit, which was adapted to the national context. An assessment of the quality and human rights aspects of mental health services in three facilities across Lebanon was conducted, with plans to assess more facilities in 2023. Based on the results, the assessment activity will guide the development of improvement plans.

E. Towards maintaining HIV services

WHO has been supporting the National AIDS Control Programme in Lebanon for the last 25 years; it is one of the best-performing HIV programmes in the Region. In 2022, the total number of new HIV cases confirmed were 181 (a 12% increase from 2021), with 99.55% due to sexual transmission, and 111 were in the age group 24–34 years. The National AIDS Control Programme engages with civil society organizations and communities to identify new HIV cases, but also to increase awareness and psycho-social support.

To alleviate the financial burden of people living with HIV, the Global Fund under the International Organization for Migration and the National AIDS Control Programme supported the procurement and distribution of antiretroviral therapy medications, covering 2109 beneficiaries, and HIV PCR testing. Distribution was done mostly, through the National AIDS Control Programme Services Centre for people living with HIV, to thematic NGOs and 50 community-based focal points within the governorates, who dispensed antiretroviral therapy to a quarter of beneficiaries. Moreover, to decrease transport costs of people living with HIV, the National AIDS Control Programme scaled up the provision of longer antiretroviral treatment refills.

To minimize the out-of-pocket expenditure of people living with HIV, the National AIDS Control Programme established a new PCR unit. It offers free testing and treatment services to all Lebanese and others living with HIV. As a result, the viral load testing reached 1951 tests during 2022, with 92.5% of those who received treatment under the National AIDS Control Programme accepting the PCR testing service. The National AIDS Control Programme is also working to procure a CD4 machine.

The National AIDS Control Programme supported 15 thematic HIV NGOs, of which there were 14 voluntary counselling and testing service (VCT) centres, implementing training on VCT provision, ensuring the implementation of more than 687 outreach activities, providing testing, distributing condoms, and offering harm-reduction and self-test kits. More than 8028 beneficiaries all over Lebanon undertook testing. Active distribution of HIV self-testing kits and a scale-up of community testing campaigns were implemented. They provided 90% of testing and prevention activities, showing an increase from 2021.

In July 2022, the National AIDS Control Programme ensured the following:

- 15 838 HIV rapid tests conducted (7% increase from 2021).



National Aids Control Programme meeting with IOM and WHO

- 1215 self-test kits distributed.
- 39 708 condoms distributed (31% decrease from 2021).
- 373 harm-reduction kits distributed (10% decrease from 2021).

In addition, the National AIDS Control Programme undertook advocacy activities, provided psycho-social support for people in need, and procured and distributed PPEs and pre-exposure prophylaxis.

For adequate epidemiological and surveillance output, the Monitoring and Evaluation Unit of the National AIDS Control Programme updated relevant data-gathering and reporting tools, trained focal points, and worked on resolving reporting issues. It also supported the Integrated Biological and Behavioural Survey (IBBS) and helped form the IBBS 2023 stakeholder steering committee, and establish the test-treat-retain cascade and sentinel surveillance.

Three workshops were conducted and more than 100 participants attended from civil society (national and international NGOs), governmental bodies, United Nations agencies, security forces, and other partners. The following are the implemented workshops:

- National Strategic Plan introductory workshop.
- Monitoring and evaluation introductory workshop for NGOs.
- An awareness-raising workshop on monkeypox viral disease testing and detection.

F. Maintaining the National Tuberculosis Programme

According to the Lebanon National Tuberculosis Programme, in 2022,[35] there were 514 drug-susceptible tuberculosis and drug-resistant tuberculosis (DR-TB) cases diagnosed and enrolled for

35 Ministry of Public Health, Lebanon National Tuberculosis Report, 2022.

tuberculosis treatment. Upon entry to Lebanon, 2925 migrants were screened for tuberculosis, and 844 migrants (29%) received tuberculosis preventive treatment.

Active susceptible tuberculosis cases: the highest number of cases from the total were noted as:

- **60% having pulmonary tuberculosis**
- **59% were females**
- **27% were in the age group 25–34**
- **50% resided in Beirut and Mount Lebanon**
- **50% were non-Lebanese**

DR-TB cases were noted as:

- **0.6% (four) cases of total tuberculosis, of which 11% were previously treated cases**
- **Two rifampicin-resistant tuberculosis, one multidrug-resistant tuberculosis, and one clinically diagnosed**
- **Three had pulmonary tuberculosis and one had extrapulmonary tuberculosis**
- **50% were non-Lebanese**

In 2022, the Lebanon National Strategic Plan to End Tuberculosis 2023–2030 was finalized, taking into consideration the results of the strengths, weaknesses, opportunities and threats (SWOT) and gap analysis, and identified goals, objectives, strategic interventions, activities and sub-activities. The plan was developed in line with priority actions, as noted in the WHO Framework for tuberculosis elimination in low-incidence countries.

The National Tuberculosis Programme started using the District Health Information System (DHIS2), a case-based management system, to manage information on tuberculosis cases. The system covers the patient file, which includes national reference laboratories, diagnosis, drug resistance, latent, and contact, among others. Nine centres, including a sanatorium centre, were trained on system utilization and received demonstrations on the DHIS2-tracker software. The software provided a new feature for file transfer between centres for better patient tracking and management. The development of the tuberculosis dashboard was initiated for better analysis.

The tuberculosis algorithms and related standard operating systems were updated, taking into consideration the context of the COVID-19 pandemic. Concerned health care workers were trained on the updated tuberculosis algorithms, presumptive tuberculosis cases, and the referral pathways of the National Tuberculosis Programme's centres.

G. Environmental health and climate change

WHO supported the development of the National Health and Environment Strategic Framework of Action 2021–2026, which was launched at World Health Day 2022. The Strategy focuses on nine priorities for the Arab region (water, sanitation and health; air pollution and health; food safety and health; chemical safety and health; waste management and environmental health services in the health sector; environmental health emergency management; climate change and health; sustainable development and health; and occupational health and safety).[36]

Other environmental health and climate change activities included the following:

- UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water 2021/2022 country survey was conducted in collaboration with stakeholders.
- A tobacco investment case study was developed: preliminary data available.
- The fifth Global Status Report on Road Safety 2023 in Lebanon: completed data collection for Lebanon.
- The ninth round of the WHO Global Tobacco Epidemic Report: completed data collection for Lebanon to be included in the WHO global report.
- An energy assessment for medical equipment, as part of WHO-Ministry of Public Health-UNDP collaboration, was developed and was included in the National Sustainable Energy Strategy for the Lebanese Health Care Sector.
- Environmental surveillance for polio at the Ministry was strengthened.

36 American University of Beirut, Launching of the National Health and Environment Strategy Framework for the Arab Region 2021-26, 2022.

CP4. Business operations and support

WHO Lebanon worked on GPW 13 outputs, leading to outcome priorities for 2022–2023 in line with Vision 2023 for the corporate pillar.

A. WHO technical support and direct implementation

WHO is a technical agency that supports the public health sector in promoting health, strengthening health systems, and allaying risks. In addition to emergency support, several programmes were implemented. Since 2020, the WHO modality of work encompassed some direct implementation modalities, with a progressively increasing role in procurement, logistics and supply management.

Technical support was also provided through 19 technical missions, and for country, regional and global reports.

Several health surveys, research and policy briefs were completed and initiated in 2022, including the following:

- Survey of Provider Practice Profiles and the Nursing Demographics Survey: to better understand the demographics of physicians and nurses in Lebanon during the current crisis. Survey findings supported the development of human resources strategies for health-care workers in Lebanon, with a focus on production and retention.
- Draft report on developing a compensation system for key professionals at the health care institution and Ministry of Public Health level. The situation of the health care professionals was assessed, and relevant solutions to retain skilled health care workers in Lebanon were proposed.
- Policy briefs entitled “Access to medicines” and the “Traceability of health technology assessment and health economics”, with a focus on obstacles that block access to medications and on hope to strengthen the health system in Lebanon.
- The WHO STEPwise approach to surveillance (STEPS) survey was initiated, and included components on mental health and household-seeking behaviour, and a section on health utilization and expenditure.
- Development of an ICU quality assurance tool for Lebanon during the COVID-19 pandemic:37 a study was done to describe the process of rapidly developing and implementing a tool to monitor the quality of ICU care at public hospitals in Lebanon.

B. Partnerships and coordination by WHO

WHO Lebanon is committed to building and maintaining strong partnerships and collaboration with a diverse range of partners, including government institutions, United Nations agencies, donors, academic institutions, and civil society organizations. WHO is actively participating and contributing to the United Nations Country Team and Humanitarian Country Team meetings, as well as other ad-hoc United Nations meetings.

The multifaceted and compounded crises facing Lebanon have led to the development of multiple response frameworks, supported by international and national partners across the country. This includes the LCRP, which seeks to address the impact of the Syrian crisis on Lebanon at the humanitarian and development levels, and provide support and protection to refugees and the host community; and the ERP to address the humanitarian needs of the most vulnerable among the Lebanese, Palestinian refugees in Lebanon, and migrants affected by the crisis in Lebanon. Under the leadership of the United Nations Resident Coordinator/Humanitarian Coordinator in Lebanon, the humanitarian-development-peace nexus community in Lebanon acknowledged the need for streamlined aid coordination to avoid gaps and overlaps, to increase efficiency, and to ensure principled humanitarian assistance based on evidence of needs and vulnerabilities.

WHO collaborated on finalizing the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2023–2025, ensuring the integration of health requirements in each of its aims. WHO has provided input to the peace, people, planet, and prosperity UNSDCF pillars. The WHO Country Office Lebanon is a member of the United Nations Country Team working within UNSDCF. The WHO is also co-lead for the ERP and the LCRP Joint Health Sector taskforces, and for the Reform, Recovery and Reconstruction Framework Health Working Group, covering pillar 4 on improving services and infrastructure.

37 Märit Halmin and others, Development of a quality assurance tool for intensive care units in Lebanon during the COVID-19 pandemic, 2022.

Joint United Nations or humanitarian partners' reports prepared or contributed to in 2022 include the following:

- Health sector narrative for situation and needs analysis.
- ERP health sector framework.
- ERP health sector narrative.
- MSNA and Vulnerability Assessment of Syrian Refugees in Lebanon (VASyR) questionnaires.
- Health sector severity scale and people in need.
- Joint health sector annual workplan.
- Periodical crisis monitoring brief.
- Contingency indicators live dashboard.
- Health ERP dashboard.
- Cholera preparedness plan.
- Cholera operational plan.
- Cholera response plan.
- UNSDCF chapeau.
- UNSDCF people chapter.
- Multi-sector needs assessment.
- Highlights of WHO Lebanon support in the current crises.
- Medication monitoring: Primary health care centres/ dispensaries dashboard.

The Lebanon Common Country Analysis under the UNSDCF was finalized, supporting collective action and partnerships to achieve the SDGs and leave no one behind.



Field visit during cholera

C. Health sector coordination

The health sector joined coordination efforts, forming the NHSWG in Lebanon, supported by international and national partners. Multiple response frameworks were developed for Lebanon due to the various types of crises. In line with the United Nations Resident Coordinator acknowledgement, NHSWG was deemed a more efficient approach to coordination, helping to avoid gaps and redundancy and streamlining services, within a principled humanitarian assistance based on evidence of needs and vulnerabilities. NHSWG is co-led by WHO and UNHCR, and co-coordinated by an NGO, Amel Association. The NHSWG team is composed of the health sector coordinators from LCRP and from ERP, and the NGO health sector co-coordinator. This team works alongside the health sector and other coordination teams; the Inter-Sector and Global Health Cluster, and 90 national and international NGOs, in addition to public and private agencies and institutions, supporting the sector in responding effectively to the needs of vulnerable populations.

Commencing in 2022, the following were the objectives of the NHSWG:

- Strengthening the capacity of health response coordination and health sector partners in Lebanon to support the public sector in providing quality, accessible and affordable health care.
- Supporting health-sector partners in delivering quality integrated health care programmes that provide access to health care services for all residents in Lebanon, including Lebanese, refugees and migrants.
- Promoting a timely, coherent and effective health response by mobilizing stakeholders to respond in a strategic manner to multiple crises.
- Ensuring a prioritized response driven by needs and evidence-based decision making, in addition to complementarity and gap-filling.
- Enhancing an accountable, predictable and effective humanitarian and stabilization health response for all vulnerable populations in Lebanon.

To help access health-related information and response frameworks in Lebanon, various dashboards and repositories were developed and placed within a health sector portal.

D. Communicating public health messages and actions

WHO made extra efforts to enhance communication with partners on public awareness of WHO work, and in providing

key public health messages. WHO worked dynamically on the National Taskforce of the Risk Communications and Community Engagement for COVID-19 and cholera outbreaks, and implemented an intensive health education campaign in collaboration with health authorities and partners. WHO also supported the development and dissemination of visibility materials to highlight the support received from different donors, and success stories and case studies from different programmes were documented and disseminated. Periodic health briefs and health education materials, including videos and social media messages, were produced and widely disseminated. In 2022, over 128 health briefs were developed and disseminated, while thousands of social media messages were posted on various social media platforms, including Twitter, Instagram and Facebook. Certain material was posted on LinkedIn and events were posted on the WHO website.

E. Promoting and supporting information technology

WHO played an important role in promoting and supporting digital health information for data collection, systems automation and integration, and supported the Ministry of Public Health to advance digital health through technical support and procurement of essential IT equipment and software. Digitization initiatives supported by WHO include EWARS, primary health care PHENICS expansion, and MediTrack expansion. Extensive preparatory activities were done for the development and operationalization of the Health Management Information System, in support of the Electronic Health Record, and the generation of a unique health ID. Ongoing efforts by WHO are underway to help improve and maintain the implementation of the LMS and MediTrack-2D Barcode software, DHIS2 web application, the newly developed innovative MedSafety application, and GIS.

F. Monitoring and evaluation of programmes

WHO Lebanon has emphasized the need to enhance and expand monitoring and evaluation efforts due to increased programme activities and funding. It ensured the availability of a dedicated technical monitoring and evaluation officer, who helped track the progress of projects, ensured that programmes were achieving the set targets, documented status and needed changes, identified areas for improvement, and assessed the overall outcome of the project. The monitoring and evaluation officer worked closely with the technical and operations teams to ensure that a clear monitoring and evaluation plan was in place, and that common health indicators were closely monitored. In addition, programmes were regularly reviewed by the monitoring and evaluation officer, which helped enhance timely reporting to donors and partners.

In early 2022, the WHO Lebanon performance evaluation, a review of the Programme Budget 2020–2021 implementation, was conducted, with results noting that WHO Lebanon performance was more than satisfactory across all scorecard dimensions, in terms of technical support, leadership, global goods, gender equity, human rights and disability.

G. Gender protection and responses to sexual misconduct

WHO Lebanon has taken proactive steps to ensure a safe and inclusive environment for its staff members and partners. To uphold this commitment, WHO Lebanon has dedicated a focal point for gender and the prevention of sexual misconduct – prevention of sexual exploitation, sexual abuse, and sexual harassment (PSEAH). WHO Lebanon works within the principle of “One team. One voice. One heart. No. No excuse for abuse!” and commits to zero tolerance of sexual exploitation and abuse within the workplace and beyond. Accordingly, WHO Lebanon has collaborated with the other United Nations agencies and local partners towards incorporating gender and PSEAH principles through a review of policy documents and contracts, and through training.

A series of training sessions were conducted in 2022 for WHO staff members and partners, emphasizing the core concepts and principles of PSEAH. This was specifically done during the cholera outbreak, underlining the organization’s commitment to addressing sexual exploitation, abuse and harassment, even amid challenging circumstances. Information, education, and communication materials on sexual exploitation, abuse and harassment were produced and disseminated to increase the staff knowledge of the available reporting mechanisms at WHO. In addition, PSEAH training sessions were delivered to health sector partners, in collaboration with the PSEAH Lebanon Network and the Health Sector Interagency Coordinator. These sessions focused on explaining the differences between sexual exploitation, abuse and harassment, and their root causes and consequences.

WHO Lebanon maintains continuous coordination with its headquarter and regional office through active participation in global monthly meetings. By consistently engaging in these meetings, the Country Office ensures that its activities, progress and challenges remain in sync with broader organizational goals.

H. WHO Lebanon structure and business operations

In 2022, the WHO Country Team in Lebanon increased the number of staff members to 33 (including United Nations volunteers and consultants). Although there was a change in leadership (a new representative and operation team lead took office), the transition went well. Two new positions were opened, a Monitoring and Evaluation Officer and a Visibility Assistant, in response to European Union donor visibility requirements. Staff members were recruited to support the cholera response, and the procurement of medications. All staff members were trained on preventing and responding to sexual exploitation, abuse, and harassment, with continued awareness-raising. Staff members were also provided with increased IT support, and needed equipment was procured.

Staff members are categorized into technical and operational teams, and they cover all core functions of the organization. Technical areas covered by staff members are in line with WHO strategic priorities to ensure healthy lives and well-being for all at all ages (SP1. Expanding universal health coverage; SP2. Addressing health emergencies; SP3. Promoting healthier populations; and SP4. Business operation and support).

I. Specific programmes supported by WHO Lebanon staff members

In 2022, some of the specific programmes supported by WHO staff members included the following:

SP1. Expanding universal health coverage:

- Developing the health system/universal health coverage packages.
- Ensuring health system/universal health coverage: costing of mental health services in primary health care.
- Finalizing the long-term primary health care subsidization protocol package of care.
- Developing the National Health Sector Strategy.
- Reinforcing the civil registration and vital statistics observatory at the Ministry of Public Health.
- Procuring and distributing acute and non-communicable disease medications.
- Ensuring quality care improvement in primary health care through the introduction of care algorithms and introducing people-centred primary care at primary health care centres.
- Reinforcing pharmaceutical sector governance through the development and rollout of the medications traceability digital programme (MediTrack).
- Enhancing the digitization and regulatory capacity of the health sector (MediTrack, LMS, GIS).
- Reinforcing hospital resilience capacity.
- Developing tobacco investment cases.

SP2. Addressing health emergencies:

- Ensuring health sector coordination and partnership by leading the health sector and coordinating a joint health working group.
- Enforcing health indicators for disease surveillance monitoring using DHIS2.
- Expanding DHIS2 utilization at the health facility level.
- Establishing an early warning surveillance and disease outbreak response (cholera, monkeypox, measles, influenza, hepatitis A, among others).
- Providing environmental surveillance support (polio, cholera).
- Providing pandemic influenza preparedness and response plan updates and simulations.
- Providing COVID-19 response support with a focus on clinical care, laboratory capacity and vaccination.



Operations team

- Accelerating support to laboratory capacity with a focus on strengthening the national network of reference laboratories and re-establishing CPHL.
- Applying international health regulations and ensuring country readiness and preparedness.

SP3. Promoting healthier populations:

- Strengthening mental health services through integration at primary health care centres, and expanding the quality rights assessment of mental health facilities.
- Upgrading health services capacity at prisons for non-communicable diseases and mental health care.
- Finalizing the National Nutrition Strategy.
- Finalizing the TFA legislation review.
- Integrating noncommunicable disease care and prevention at primary health-care centres by updating and finalizing the algorithms of clinical care.
- Finalizing the national maternal, newborn, child and adolescent health acceleration plan.
- Supporting palliative care expansion.
- Expanding training on health care waste management.

SP4. Business operation and support:

1. Operations (budget and finance, procurement, logistics, human resources).
2. IT support, including GIS training, updating IT equipment for selected programmes at the Ministry of Public Health, upgrading DHIS2 to special programmes such as tuberculosis, upgrading LMS at the Central Drug Warehouse, and supporting MediTrack development and piloting.
3. Communications and visibility: World Health Day, and communication through various channels (social media, television, and internal and external press).
4. Gender and preventive sexual misconduct: PSEAH, including training for staff members and partners.
5. Developing and funding eight major proposals.
6. Operationalizing a staff welfare committee.
7. Research and innovation: upgrading the human resources salary scale for retention, and finalizing the health services benchmarking study.

WHO Lebanon made extra efforts to enhance operational capacity in support of timely delivery and implementation of programme activities through skill building, mentoring, surge deployment, and review exercises. Strong collaboration was established with the WHO Regional Office and headquarters to support and strengthen the technical and operational capacity of WHO Lebanon teams through missions and virtual support. With the support of the WHO Regional Office, compliance and risk management was given the highest priority and WHO Lebanon ensured that all business operations complied with WHO rules and regulations. In early 2022, WHO Lebanon was audited by headquarters, and 20 recommendations to address gaps were identified with an implementation timeline



Cholera kits

by the audit team. Concrete progress has been made in the implementation of the audit recommendations, and over 50 per cent of those recommendations were closed by the end of 2022. Risk registers were identified at the beginning of 2022, which the team reviewed and updated periodically. All staff members were involved in the identification and mitigation strategies for risk registers.

J. Budget and funding

WHO Lebanon operations continued to expand, covering both emergency and development activities. Avoid splitting over line mobilized in 2022 to support and implement key priority areas. The majority of the funds in 2022 were allocated and used for COVID-19 response, procurement of medication, hospitalization and surge capacity. Some of the available funds were reprogrammed to support the cholera outbreak response. Ongoing multiyear funding received in 2022 from key donors propelled the funding level and project implementation. The 2022 funding was earmarked for communicable diseases (54%), medications and hospitalization (22%), and system preparedness (response and strengthening) reform (24%).

In line with the WHO aim of serving 1 billion more people benefiting from universal health coverage, Lebanon received around US$ 3.9 million in donations (2% of the total budget). The strategic objective of health emergencies response received the highest percentage of support at more than US$ 65 million (92% of the total budget) to better protect the world's population from health emergencies. The strategic objective of better health and well-being was allocated a total of US$ 800 000 (1% of the total budget). Moreover, more than US$ 3 million were offered by WHO headquarters to WHO Lebanon and special programmes to provide all needed support to the Ministry of Public Health and the local community.[38]

K. Operational support

WHO Lebanon operations have expanded in the last few years following an increase in issues handled, projects activated, personnel recruited, procurement needed, and direct support provided. WHO Lebanon contracted with a third-party administrator for the recruitment of support staff, health-care providers (nurses and doctors), and hospitalization and vaccination reimbursement. WHO Lebanon was also active in direct implementations, including service contracts, and the procurement and distribution of medications and information system products. It worked further with the Central Drug Warehouse and YMCA on distributing and monitoring medication related to the direct support provided by WHO projects.

The WHO operations team managed the procurement, clearance and distribution of cholera outbreak response supplies, including cholera kits and medication shipments from the WHO Dubai Hub, laboratory supplies, medical equipment, and other essential supplies. The operation team also managed and received monkeypox kits from the Dubai Hub, and procured multiple types of insulin and several types of medication for life-threatening and acute illnesses, while ensuring their immediate distribution to the Central Drug Warehouse.

After working in the same premises for 20 years, and as the team grew and work requirements expanded, the WHO Lebanon office was renovated and expanded in the period January–June 2022 to help meet growing demands. In addition, in December 2022, a large conference room was renovated, with the objective of hosting staff meetings and small workshops to help cut costs of future events.

Transport service needs increased. Accordingly, an online fleet tracking and reporting system was implemented. Leading by example, to help decrease car carbon emissions and making use of the lower emissions from electricity generation, an electric car was added to the car fleet at WHO Lebanon.

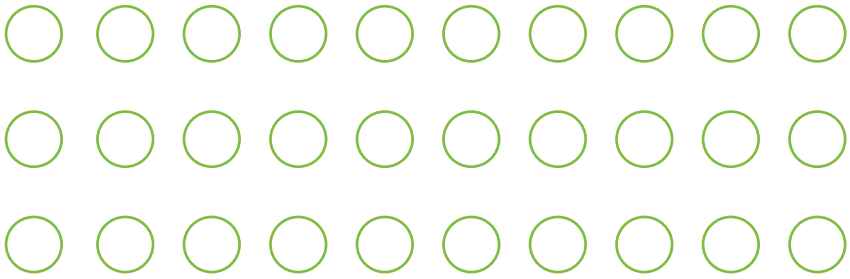


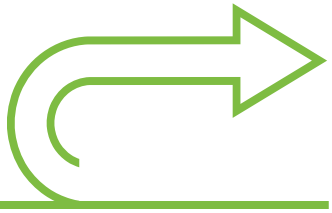
Resuscitation training at the Abou Jaoude Hospital

38 WHO, Lebanon: Strategic objective key figures (accessed October 2023).

5

Way forward





5. Way forward

Looking forward to 2023, WHO Lebanon management and staff members will move forward, based on the achievements, gaps, challenges and emergencies and lessons learned in 2022, and in line with the rapidly changing context of Lebanon, its needs and resulting vulnerabilities, and the main areas of work noted in the Country Cooperation Strategy 2022–2023.

As a mainstay, enhancing leadership and innovation, building capacity, strengthening systems, responding rapidly, adequately and sustainably to emergencies, and working on preventive and preparedness measures will guide WHO work in 2023, and help develop a new roadmap for the 2024–2025 Country Cooperation Strategy.

As always, WHO will develop its partnerships and coordinative role in Lebanon, and regionally and globally. It will follow up on updated guidelines and approaches, analyse their local appropriateness, customize them when needed, advocate for their utility and integration, and mobilize resources.

WHO is consistently aiming for the Lebanon numbers to trend in a way presenting a healthier population, needs attained, vulnerabilities allayed, thus indicating that needed, streamlined and innovative quality systems are in place and accessible to all.



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